



RETURN FORM

You have 15 days since you receive the glasses to request the return.
Fill out this form and accompany it with the package you received together
to the product and all its original accessories.

Name

Order Number

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Phone

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I request the return. Reason and Article (s) to be returned:

The refund will be made through the same form of payment that you made your order.
If you have done it by bank transfer, indicate your account number:

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BASSOL OPTIC

Address: Violant d'Hongria Reina d'Aragó, 71.
08028. Barcelona.

Check all the details about changes or returns in the section of the online store:
www.opticabassol.com/es/cambios-o-devoluciones

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