## **MUNSTERMANN**

**PHARMACY - PERFUMERY** 

ORDER FORM - POSTAL SERVICE

Post this order to:

Please write in block letters

**FARMACIA MUNSTERMANN** 

Piazza Goldoni 2R - 50123 FIRENZE - ITALY

Fax orders: (0039) 055 210 660 e-mail: munster@italian.it

Web site: www.munstermann.it

Name (full):					
Address			Teleph.:		
ZIP:	City:	Country:			
	1	1	ı		
	Item description	Item number	Q.ty	Price each	Total cost
Sub total					
	Additional charges italy 15 %				
Payment method:  Outside Western Europe 35 % of total  Total					
☐ Check enclose☐ Visa☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Cartasì	E)	xpiration d	ate	
Signature D			Pate of order		
(hereafter products) shipped. 2) Products travel at be addressed by the 3) Prices are indicat 4) A minimum order 5) The customer ma products, by returnir the seller will reimbor of the returned products and products are the seller will reimbor of the returned products.	of 100.00 euro is required.  y rescind the contract within 10 days from the ng them back, if unharmed and at his own risk ourse the amount paid, exluding shipping char oducts. Both the letter and the products - and a Goldoni, 2R - 50123 Florence Italy.	Orders will be conditioned by the condition of the orders, and by register ges, whithin 30 dany other letter of	r or within 10 red letter to the lays from the or communic	e or lost of the prod days from the data the seller at his add e receipt of the above ation - are to be ser	ned by the seller or ucts; any claim must a of receival of the ress. In that case, we mentioned letter,
b) Any dispute arisir	ng out of or in connection with this agreement	snall be settled a	according to	tne italian law.	
	INFORMATIVE NOTE ON GUI AND TRASPARENCE ON PRIVACY RUL				
	ne filling in this order form is facultative and th ned law. Pharm. Munstermann can treat my p ny time.				
	Yes, I Agree No, I do not Agree		:		

No, I do not Agree □