PERMISSION FOR SHIPPING AND PAYMENT FORM

Pick-up / ritiro presso:

IMPORTANTE
Allegare un documento fiscale per il trasporto della merce. In mancanza Arrow provvederà ad emettere una fattura proforma ai fini di poter adempiere agli obblighi doganali

Filiale di Sinalunga:
Via delle prata 166/a
54037 Sinalunga (SI)
tel. 0577 602830
arrow.spedizioni@gmail.com

Filiale di Firenze:
Via Aligi Barducci 32
50023 Tavarnuzze (FI)
Tel. 055 2692023
arrow.firenze@gmail.com

PLEASE USE CAPITAL LETTER TO FILL OUT THIS FORM

RECEIPTMENT - DESTINATARIO

COMPANY NAME			
NAME - SURNAME			
ADDRESS		APT.	
CITY	ZIPCODE	STATE	
PHONE	MOBILE		
E-MAIL			

TRACK YOUR SHIPMENT ON

TRACKING NUMBER :

SHIPPING NOTES _____
CAN'T REQUEST A FRONT DOOR DELIVERY

☐ EXPRESS services ☐ STANDARD services

☐ INSURANCE AMOUNT € _____

CREDIT CARD INFORMATION

I authorize the shipping company Arrow to charge the credit card listed in this form

☐ VISA

☐ MasterCard **Signature:** _____

Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date ☐☐ / ☐☐ **CVC** ☐☐☐

Charge € _____

I authorize the shipping company Arrow to charge the credit card listed in this form

☐ AMERICAN EXPRESS

+3 % Extra cost **Signature:** _____

Credit Card # ☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐

Expiration Date ☐☐ / ☐☐ **CVC** ☐☐☐☐

Charge € _____

PayPal To use PayPal service, write the email where you want to reiceve the payment request _____ @ _____
Additional charges 3%.

QUANTITY	DESCRIPTION OF GOODS	VALUE

DELIVERY INSTRUCTION

CHECK THAT YOUR SHIPMENT IS DELIVERED IN GOOD CONDITIONS, JUST IN CASE OF DAMAGED ITEMS PLEASE TAKE PHOTOS AND CONTACT US WITHIN SEVEN DAYS FROM THE DELIVERY DATE

Arrow S.r.l. si riserva la possibilità di controllare colli consegnati già imballati

IMPORTANTE : Arrow declina ogni responsabilità per eventuali danni a merce imballata direttamente dal cliente e non conforme agli standard richiesti dai vettori

Note per l'amministrazione _____

ARROW _____ **Sender Signature** _____

Date / / **Date** / /