



Return Form

Name & Shipping Address: (Fill in ONLY if sending replacement to other than consultant)	Consultant Name: _____ Phone Number: _____ Consultant Number: _____
---	---

	Product Description & Reason for Return	Invoice #	Hostess Name & Party Date
<input type="checkbox"/> Replace <input type="checkbox"/> Exchange <input type="checkbox"/> Refund	<input type="checkbox"/> Warranty <input type="checkbox"/> Customer Dissatisfaction <input type="checkbox"/> Consultant Error <input type="checkbox"/> Claim Number		
<input type="checkbox"/> Replace <input type="checkbox"/> Exchange <input type="checkbox"/> Refund	<input type="checkbox"/> Warranty <input type="checkbox"/> Customer Dissatisfaction <input type="checkbox"/> Consultant Error <input type="checkbox"/> Claim Number		
<input type="checkbox"/> Replace <input type="checkbox"/> Exchange <input type="checkbox"/> Refund	<input type="checkbox"/> Warranty <input type="checkbox"/> Customer Dissatisfaction <input type="checkbox"/> Consultant Error <input type="checkbox"/> Claim Number		
<input type="checkbox"/> Replace <input type="checkbox"/> Exchange <input type="checkbox"/> Refund	<input type="checkbox"/> Warranty <input type="checkbox"/> Customer Dissatisfaction <input type="checkbox"/> Consultant Error <input type="checkbox"/> Claim Number		
<input type="checkbox"/> Replace <input type="checkbox"/> Exchange <input type="checkbox"/> Refund	<input type="checkbox"/> Warranty <input type="checkbox"/> Customer Dissatisfaction <input type="checkbox"/> Consultant Error <input type="checkbox"/> Claim Number		

All Products must have a valid receipt (Customer Order Form – pink or yellow copy) attached to this form for return to be processed.