

Return/Exchange Form

Name of Customer: _____

Representative (if known): _____

Shipping Address:

Mail Returns/Exchanges to:
Miche Returns
28355 Witherspoon Parkway
Valencia, CA 91355

**PLEASE NOTE: Miche requires that a return Tracking Number is provided for any merchandise sent back to us*

Phone: _____

Order Number: _____

This product was returned for a: Refund Exchange

What product is being returned?

If an Exchange, what product(s) is being requested instead?

Any additional comments/notes:

For any additional cost on the Exchange, does Miche have permission to process your credit card on file (if available)? Yes No Last 4 of card _____

If not, please let us know the best time to contact you and the best phone number to use. Time: _____ Phone: _____

Please note that the customer or Representative is responsible for all shipping costs.

