

RETURNS FORM

Need to make an exchange or return?

Complete the below form and return with your product within 14 days of delivery to:

CosMedic Collective, 28 Offner Rd, Borenore NSW 2800

Name:				
Address:				
Suburb:				
Postcode:				
	Telephone Number:			
Please refer to your Delivery Note to o	complete this section	on.		
Order Number:				
Product Name	Qty	Refund/Exch	nange	Reason Code
Refunds Please indicate the payment type you u Visa/MC/AMEX	ısed on your order:			
Exchange Details If you have indicated 'exchange' above would like us to replace your item with		oduct you		
Product Name	Size	Qty		
			Reas	on Codes
			1. Faul	ty/damaged
				orrect item
			3. Not	as pictured
			4. Wroi	ng skin type
	+			