

RETURN ORDER FORM

We will gladly accept your return for a refund, store credit or exchange within 14 business days along with this return form.

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Return Order to:

Bandage Bliss
9500 Markham Rd
Suite 1210
Markham , ON, L6E 0N6

Returned items must meet these requirements:

Returned within 14 business days of receipt of receiving your order.
In original packaging, unworn condition, free of make-up stains and free of odor.
Accompanied by this return form.

Shipping: Customer is responsible for shipping fees to send the return back to Bandage Bliss and for re-shipping for exchanges.

Return Processing time: Once we have received your package, your return will be processed within 3-5 business days. You will be notified via email once your return has been processed. If you have requested a refund, please note that your banking institution may require additional days to process and post this transaction to your account once they have received the information from us (typically 2-5 business days). Original shipping charges are non-refundable.

Please fill out the following:

How would you like for us to handle your request:

- Store credit** of item(s) price
- Refund** for items(s) price via original payment method
- Exchange** for another item/size/color

Order Number: _____

Order Date: _____

Name: _____

Shipping Address: _____ APT/STE: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone Number: _____ Email Address: _____

Items Returned:

Product Number	Product Description	Size	Color	Reason	Quantity	Price

Exchanges:

Fill out the following only if you are exchanging your items. Indicate which item(s) you would like:

Product Number	Product Description	Size	Color	Quantity	Price	For Office Use Only

Replacement items that are more costly than the original item returned will be charged the difference in cost plus re-shipment costs via your credit card:

Fill out the following only if you are exchanging your items.

Credit card type: _____ Credit card number: _____

Expiration date: _____ CVV number (3 digits on back): _____

Billing address associated with credit card:

Name: _____

Address: _____ APT/STE _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

