



Return Form

Please complete all the boxes below, then send this form to us by email or post.

DATE

 / /

YOUR INFORMATIONS

Full Name :

Order Number :

Street :

Order Date :

 / /

Post Code :

Order Amount :

City :

Issue :

 Refund Exchange

Country :

Item(s) :

Phone :

Email :

Phone :

YOUR REASONS

Tell Us Why :

OUR ADDRESS

A : 5412 West Atlantic Boulevard #1002, Margate, FL 33063, USA

P : contact@hercosmetics.fr

Signature

THANK YOU FOR YOUR TRUST

Once the form is received, we will do our best to respond to you as quickly as possible.