

APOTHECA[®]

RETURNS & EXCHANGES FORM

- 1.** Please contact APOTHECA[®] via email at **orders@apothecarange.com** to get a Return Authorisation Number (RA#).
- 2.** To ensure a quick return, fill out this form with as much information, print and sign.
- 3.** Carefully package the merchandise in a suitable container to prevent damage. Enclose this form, the original invoice and the product/s.
- 4.** Return your items to:
APOTHECA
P O Box 906
Potts Point
NSW, 1335
Australia

ORDER#.	<input type="text"/>	COUNTRY	
RA#.	<input type="text"/>		<input type="text"/>

CUSTOMER DETAILS

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>	Town/City:	<input type="text"/>
State:	<input type="text"/>	Postcode/Zip:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

REASON FOR RETURNS OR EXCHANGES

PRODUCT	QUANTITY	REASON	RETURN	EXCHANGE

SIGNATURE _____ DATE: _____

Return prepaid and insured by carrier of your choice. We cannot be responsible for items which we do not receive. We do not give refunds. Return items will be credited to your online account for future sales.

We reserve the right to refuse any return that is received without prior authorisation from us, or does not arrive within the acceptable return period. In the event that we receive an unauthorised returned item, return shipping and handling costs will be passed on to the customer.

Please allow two weeks from the day you return your package for your account to be credited.

A credit note with voucher code will be emailed to you.

Customers will be responsible for shipping and handling charges.

Please note that there are strictly no returns or exchanges on sale items.