

New Hair System

Return to: Attn: Return Dept. 4045 Wilshire Blvd., Los Angeles, CA 90010
Tel. 213.915.4087 Fax. 213.325.2122

EXCHANGE / RETURN FORM

Please use this form for an exchange or return item(s). You must send the copy/original invoice with the return item(s). (Note: Returns are for human hair extensions in original condition only.)

Return item(s) for:

- Exchange w/ 7% service charge
 Refund w/ 15% service charge

Name: _____
Customer #: _____
Address: _____
Invoice #: _____
Daytime Tel: _____
Email: _____
RA #: _____

For exchange customers only:

Your shipping address: (If different from above)

Please list exchange item(s):

| Item (name or code) | color | length | quantity | price |
|---------------------|-------|--------|----------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Payment Method: Please specify how you want to pay the difference and/or shipping charges.

- Check or Money Order enclosed Credit Card

Credit Card # _____ Exp: _____
Date: _____ CVV #: _____