Merchandise Return Form Order Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today's Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Contact Information Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address (if requesting exchange): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_

Phone Number (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Return –

Please mark all appropriate answers

1—Warranty Replacement/Repair

2— No longer Wanted

3—Replacement

4—Other (please explain below)

What resolution would you prefer?

1—Store Credit

2— Refund to card (disposal fee may apply)

3—Replacement

To

Intrinsic Shaving Products Returns

3766 SE McKenzie Ave Suite 3 Hillsboro, OR 97123