



## RETURN AUTHORISATION FORM

<b>Customer Name:</b>	
<b>Order Number:</b>	
<b>Order Date:</b>	
<b>Return Date:</b>	
<b>Reason for Return:</b> (pls tick appropriate box)	
<input type="checkbox"/> Wrong item received	
<input type="checkbox"/> Change of mind	
<input type="checkbox"/> Faulty Item	
<input type="checkbox"/> Allergic Reaction	
<input type="checkbox"/> Damaged on arrival	

**Please return to:**

The Skin Retreat  
Att: Returns Department  
167 East Boundary Road  
Bentleigh East  
VIC 3165