

**Return Authorization Form**

Returns are accepted within 30 days of purchase from Farmaesthetics.com.  
Products must be at least 50% full.

Please remit product to:  
Farmaesthetics  
Attn: Returns  
PO Box 1074  
Portsmouth, RI 02871

Please include this completed form with your return items.

I would like to receive a:

Refund

Exchange for: \_\_\_\_\_

Apply credit to a future order

Order #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for return:

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