



# HCL Return Form

2020-503-111320RF  


## 1 Complete Form

Exchanges OR Returns:  
Please **complete** this entire form (where applicable).  
Include with your shipment.

## 2 Repack Products

Please properly pack and include all return items (and this completed form) with your return shipment.

## 3 Ship Back

Return your items to:  
**HENNA COLOR LAB**  
**715 NW HOYT ST #4126**  
**PORTLAND, OR 97208**

Order Number: \_\_\_\_\_

Order Date: \_\_\_\_\_

Product(s) Ordered: \_\_\_\_\_

## Return

NEW CUSTOMER?  REPEAT CUSTOMER?

*\*Open items cannot be returned or exchanged.  
We cannot accept returns or exchanges beyond 30 days.*

Brief reason/description for return: \_\_\_\_\_  
\_\_\_\_\_

## Exchange

*\*Open items cannot be returned or exchanged.  
We cannot accept returns or exchanges beyond 30 days.*

Description of desired exchange: \_\_\_\_\_  
\_\_\_\_\_

## Authorize

(if exchanging and additional money is required for goods and/or shipping fees)

Full Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

CCV(security code on back/front): \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

I authorize Henna Color Lab® to bill my credit card the appropriate amount for product replacement or shipping costs to complete this refund or exchange.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*If you have any other questions about your return, please contact us at: [sales@hennacolorlab.com](mailto:sales@hennacolorlab.com)

**General Returns & Refund Policy:** We'll take back any **unopened** HCL product for up to 30 Days from date delivered. We cannot accept returns for orders beyond 30 days. All approved refunds will be for the product costs at time of purchase. **Please Note: "Free Shipped"** orders may have true shipping costs subtracted from total. A 10% Restocking/Processing Fee of original price may be subtracted from total.

**OFFICE USE ONLY**

DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_