Grande Cosmetics, LLC



Return Merchandise Form

Thank you for choosing Grande Cosmetics!

Please fill out this form and enclose a copy of the invoice with the merchandise.

2. Reaction

4. Ordered Wrong Item

Address _____ Returns may be made up to 90 days from your delivery date for a refund of your purchase Suite/Apt._____ City _____ State _____ Zip ____ Cust. ID # _____ How would you like us to handle your return/exchange? Phone _____ Order # _____ Refund to Payment Method Used Exchange (Please fill out step 3 below) List item(s) you are returning, including reason for return: Product Description Reason Step List item(s) you want for your exchange: QTY Product Description **Reason for Return:**(fill in letter above)

B. Fill/Product issues, please choose one: Not enough product Dry/Empty

3. Dissatisfied (quality, results, color)

5. Shipping Issue (Incorrect item, arrived late, damaged package)

Step 1

Fill out contact information:

Signature: Date:

1.Defective A. Bottle/container issues, please explain:

Step 4	Enclose and return.
Enclose the Return Form and a copy of the original invoice along with the Merchandise.	
Send your package via mail to:	
180 South E White Plain	osmetics Returns Department Broadway, Suite 102 s, NY 10605 Phone: 877-835-3010 or Email: info@grandecosmetics.com

Office Use Only
Product Received Yes No
Original Invoice Provided? Yes No
Lot # Exp Date:
Refund Requested: Amount: \$
Replacement Requested: 🗆 Yes 🗖 No
Replacement Order #:
Initials: Date: