

RETURNS FORM

Need to make a return?

Complete this form and return with your product within 30 days of delivery.

RETURN ADDRESS:

LVMH Perfumes & Cosmetics, Unit 37, 2 Slough Avenue, Silverwater, NSW 2128

Name: _____

Address: _____

Suburb: _____

Postcode: _____

State: _____ Telephone Number: _____

Please refer to your order confirmation email to complete this section

Order Number: _____

PRODUCT NAME	QTY	REFUND/REPLACEMENT	REASON CODE

Reason Codes

- E01 Faulty product
- E02 Damaged in Transit
- E03 Incorrect items delivered
- E04 Change of Mind
- E05 Not as pictured
- E06 Allergy

Refunds

Please indicate the payment type you used on your order:

Visa/MC/AMEX

PayPal

Afterpay

Debit Card