



# RETURN MERCHANDISE AUTHORIZATION

Last Name : .....

Zip Code : .....

First Name : .....

City : .....

Address : .....

Order Number : .....

**RETURNED PRODUCT :**

Product Designation	Size	Reason N°

**REASON FOR RETURN :**

**The limit to return an item is 30 days in its original packaging.**

- ① I had not ordered the received item.
- ② The product is defective.
- ③ I exercise my right of withdrawal within 30 days from the date of reception.

**EXPECTED ACTION :**

- A credit coupon sent by e-mail usable on the website or in our store.
- Refund of the product.

**COMMENTS :**

.....

.....

.....

.....

**CUSTOMER SERVICE :**

You can call the Venum customer service, Monday through Friday, from 9:00am to 1:00pm and 2:00 pm to 6:00pm, by phone or e-mail.

☎ **+1 (888) 240-6653**    💻 [contact.us@venumfight.com](mailto:contact.us@venumfight.com)

**RETURN ADDRESS :**

**DBV Distribution/Venum  
Returns Department  
2640 E. 37th St  
Vernon Ca 90058  
USA**

