

# Pink Orchid – Return/Exchange Authorization Form

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Shipping Address:

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

I am submitting this form to:  Exchange Product(s)  Return Product(s)\*

*\* Pink Orchid will offer a full refund on the purchase price when merchandise is returned and received by Pink Orchid 7 days of the date you received your order. Any returned merchandise received within 8 to 14 days of the original receipt will be issued a web or store credit.*

Brief explanation:

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Please exchange:

\_\_\_\_\_ For: \_\_\_\_\_  
*Style# Style# Size Color*

\_\_\_\_\_ For: \_\_\_\_\_  
*Style# Style# Size Color*

\_\_\_\_\_ For: \_\_\_\_\_  
*Style# Style# Size Color*

\_\_\_\_\_ For: \_\_\_\_\_  
*Style# Style# Size Color*

\_\_\_\_\_ For: \_\_\_\_\_  
*Style# Style# Size Color*

Ship products to: Pink Orchid  
156 Main Avenue  
Passaic NJ, 07055