

| Order ID: | |
|--------------------|--|
| Order Received | Date: |
| Order Received | |
| | |
| ıntry: | |
| /: | |
| te/Province/Reg | on: |
| ail: | |
| | |
| | Reason of Exchange/Replacement |
| | |
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| | |
| | |
| | |
| ithin 30 days fror | n the date of the original order. Exchange/replacement order |
| Customer Signa | iture: |
| | |

| | Merchandise Authorizati | on | | |
|--|---|----------|----------------|--|
| Customer Informa Name: Shipping Address: | | | Country: City: | ovince/Region: |
| Zip/Postal Code: Contact Number: | | | Email: | |
| Merchandise Desc | ription | | | |
| UPC | Product Description | Quantity | Amount | Reason of Exchange/Replacement |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| NOTE: All exchang process will take u | shipped to © 5-Hour International Corporation Private Lim e/replacement order requests MUST be accompanied by p to 3-5 business days upon approval ampleted form to service@cellularhydration.sg | | | 0 days from the date of the original order. Exchange/replacement order |
| Internal Use Only | | | | |
| Received by: Name: | | | Cust | omer Signature: |
| Signature: Received Date: | | | | |
| Approved By: (Name & Signature Comments: | ;) | | Date | e: |