

Dear Customer,

We strive to ensure that 100% of all orders are delivered and ready to delight our customer. As we investigate the barriers to delivery, a Customer Affidavit is required in order to process a refund. Please complete and return for review.

Order Number:	
Lost/Non-Delivered Parcel Dolla:	r Amount:
Date Parcel Shows Delivered:	
Customer's Name:	
Street Address/PO Box:	
City:	State/Zip/Postal Code:
Phone:	Email:
/She understands and agrees that will result in a review of his/Based on the results of this re-	for a Lost/Non-Delivered Parcel(s). He t filing for a non-delivery of order(s her customer file by Ultrafino Brands. view, our customer may potentially be e orders with any Ultrafino Brands sole discretion.
) WILL BE REVIEWED FOR FURTHER ACTION mation on this form is accurate and
Customer's Signature:	Date:

Return to:
Customer Relations Analyst
6333 212TH ST SW
Suite C
Lynnwood, WA 98036