

MAKE UP FOR EVER



PROFESSIONAL – PARIS

YOUR MAKE UP FOR EVER RETURN/ WITHDRAWAL FORM

Please fill in and return this form only if you wish to withdraw from the contract (see conditions on the back).

ORDER REFERENCE	CUSTOMER SERVICE
Order number : Order date : Customer account number :	Phone : +33 (0)1 41 43 13 19 Monday to Friday : 9am – 7pm Saturday : 10am - 5pm

SENDER	RETURN ADDRESS
First name : Last name : Address :	PCD / MAKE UP FOR EVER CID U3 RETOUR CLIENTS 185 AVENUE DE VERDUN CS 20444 45804 SAINT JEAN DE BRAYE CEDEX

I hereby notify you of my withdrawal from the sale of the following products:

I want : (Please tick one box only)

PRODUCT CODE	ITEM DESCRIPTION	QTY	REASON CODE	REFUND	OR	SEND ME A NEW ITEM

Reason code

1. Defective product
2. I exercise my withdrawal right during the 14 days period following the receipt of my order.
3. There is a preparation error : I did not order this product.
4. Other reason. Please specify :

Signature