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boxx cosmetics
Return Form

Customer Information

Personal Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City/Province/State *Country* *Area Code/ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Reason for Exchange/ Return

Please check one of the following:

- Gift Return
- Not Satisfied
- Damaged
- Wrong Color
- Other: _____

Return Checklist

- A copy of the original receipt
- Product in original packaging
- A print out of this form
- Website Order Number: _____

Shipping Address:

RETURNS:
boxx cosmetics
186 Monsheen Drive
Vaughan, Ontario
L4L 2E9