

HERBAL BODY BLESSINGS

BY BRODIE'S NATURALS, LLC

Return Order Authorization Form

FIRST NAME _____

LAST NAME _____

MAILING ADDRESS _____

SHIPPING ADDRESS _____

DAYTIME PHONE _____

EMAIL ADDRESS: _____

DATE OF PURCHASE _____

ORDER NUMBER _____

ITEMS BEING RETURNED _____

REASON RETURNING FOR ITEMS _____

** AN ITEM. MUST RETURN CLAIM FORM IN WITHIN 7 BUSINESS DAYS AFTER RECEIVING YOUR ORDER TO EXCHANGE.