



# HCL Return Form

## 1 Complete Form

Exchanges OR Returns:  
Please **complete** this entire form (where applicable).  
**Include** with your shipment.

## 2 Repack Products

Please properly pack and include all return items (and this completed form) with your return shipment.

## 3 Ship Back

Return your items to:  
**HENNA COLOR LAB**  
**715 NW HOYT ST #4126**  
**PORTLAND, OR 97208**

Order Number: \_\_\_\_\_

Order Date: \_\_\_\_\_

Product(s) Ordered: \_\_\_\_\_

## Return

NEW CUSTOMER?  REPEAT CUSTOMER?

*\*Open items cannot be returned or exchanged.  
We cannot accept returns or exchanges beyond 30 days.*

Brief reason/description for return: \_\_\_\_\_

## Exchange

*\*Open items cannot be returned or exchanged.  
We cannot accept returns or exchanges beyond 30 days.*

Description of desired exchange: \_\_\_\_\_

## Authorize

(if exchanging and additional money is required for goods and/or shipping fees)

Full Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Credit Card Type: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date (MM/YY): \_\_\_\_\_ CCV (security code on back/front): \_\_\_\_\_  
Billing Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

I authorize Henna Color Lab™ to bill my credit card the appropriate amount for product replacement or shipping costs to complete this refund or exchange.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*If you have any other questions about your return, please contact us at: [sales@hennacolorlab.com](mailto:sales@hennacolorlab.com)

**General Returns & Refund Policy:** We'll take back any unopened\* HCL™ product for up to 30 Days from date ordered. We cannot accept returns for orders beyond 30 days. All approved refunds will have the original shipping subtracted from total. **Please Note:** "Free Shipped" orders will have true shipping costs subtracted from total. A 10% Restocking/Processing Fee of original price will be subtracted from total.

**OFFICE USE ONLY**  
DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
DETAILS: \_\_\_\_\_