## **Return/Exchange Form**

Our return policy is 30 days and the product/s need to be at least half full. Our return address is as follows:

Babos Natural cPlc. Attn: Returns Department 2081 Tó sétány 1. Piliscsaba, HUNGARY

Please fill out the following information, print, and include with your

## return/exchange

I would like to receive a:

□ Refund

Exchange for \_\_\_\_\_

Qty

(We will call you for payment information if the product you are exchanging for is of greater value than the product you originally purchased)

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Order #:
$OIUCI \pi$ .

Reason for return/exchange: