

MIRAKI BEAUTY CARE

RETURN AUTHORIZATION FORM

NAME: _____

E-MAIL: _____

ORDER NUMBER: _____

ORDER DATE: _____

DATE SUBMITTED: _____

CUSTOMER SIGNATURE: _____

QTY	ITEM NAME	ITEM PRICE	REASON DESCRIPTION

RETURN INSTRUCTIONS:

1. Complete this Return Authorization Form.
2. Send product(s), Proof of purchase receipt, and Return Authorization Form to:
Miraki Beauty Care LLC
2160 E.FRY BLVD.
SUITE C-5 PMB 316
SIERRA VISTA, AZ 85635

If you have any questions regarding the return process, please contact us:
service@mirakibeautycare.com