

CHANGE OR RETURN REQUEST FORM

Print and complete this form. You have **30 days** from the date you receive the product for change or return it.

ORDER DATA Name & Surname Order Number Phone number ☐ CHANGE REQUEST I want to Change the Product for the Product (model, color & size) * If you make a change for a cheaper product, we will refund you the difference in the same way you made the payment. However, if you make a change for a more expensive product, we will generate a Disscount Coupon for the amount paid, which you can use in your new order. You only have to pay the difference using the Payment Method you prefer. ☐ RETURN REQUEST I want to Return the Product/s **REASON FOR THE REQUEST** ☐ It is not my size ☐ I have received a wrong or damaged product ☐ I do not like how I look with it Others **PAYMENT METHODS** ☐ Credit Card ☐ PayPal

SEND THIS REQUEST FORM IN THE BOX WITH THE PRODUCTS YOU WANT TO CHANGE OR RETURN WITH THEIR ORIGINAL PACKAGING.

For the shipment, see the Change and Return Policy on the Website

www.ohgafas.com | 🕓 +34 683 124 081