

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:

WAV Skincare LLC
829 Delaware Street, Berkeley, CA 94710

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

I would like to receive a:

- Refund
- Redo my formulation and receive a new nightcream based on my new formulation

First name: _____

Last name: _____

Phone #: _____

Email: _____

Order #: _____

Reason for return/exchange:
