



Mail to:
 Selina Naturally
 Attn: Returns
 4 Celtic Drive
 Arden, NC 28704

Selina Naturally® Customer Returns form

1. First and last Name: _____
2. Your six-digit Order number (located top right of your invoice): _____
3. Date of Order _____
 * 30 day non-member & 60 day Buyer's Club Member Return policy
4. Your four-digit R.M.A number given to you by a Customer Service Rep (if applicable): _____

5. What item(s) are you returning?:

Item Code (or Item Name & size)	Quantity	Price
		\$
		\$

Reason: _____

6. Circle the type of Return: **Payment-Refund**, **Store Credit**, or **Exchange**

If exchanging, please let us know which item(s) you want to receive:

Item Code (or Item Name & size)	Quantity	Price
		\$
		\$

* a reshipping charge may be applied on all exchanges
 * 10% Loss fee may be applied to any item returned opened & considered non-defective

If requesting a merchandise payment refund, please let us know which card to credit:

Circle the card type: Visa, AMEX, MC, or Discover **Card Number:** _____

Expiration: ___ ___ / ___ ___
 Month / Year

Thank you for taking the time to fill out this form. Please ship this form with your merchandise return. This will assist the processing time tremendously! We will email you a confirmation once complete. We appreciate your business!

Sincerely,
 The Selina Naturally® Customer Service Department