Print Form

ark & co. | EN CRÈME

Return Authorization Request Form

Ark&Co. / En Creme
615 E. 61ST ST
LOS ANGELES, CA 90001
Phone: 323-235-5450
Fax: 323-235-5454
Ark&Co. Website: www.arknco.com
En Creme Website: www.encreme.com

Customer

Company Name:	
Pick Up Address:	
State/Province:	
Zip/Postal code:	
Phone:	
Email:	

Please check where the order was placed:

☐ Showroom ☐ Tradeshow ☐ Web

****Please submit a photo of the damaged area for faster / accurate processing.**

Items Claimed:

Invoice #	Style #	Reason for Return	Small	Medium	Large	Total Pcs.	Unit Price	Total Amount

IMPORTANT NOTICE: ALL RETURNED BOXES/ITEMS WITHOUT PRIOR RA APPROVAL WILL NOT BE ACCEPTED AND WILL BE RETURNED AT THE CUSTOMERS EXPENSE. PLEASE HAVE THE RA NUMBER CLEARLY SHOWING ON THE BOX BEING RETURNED.

Ark&Co. / En Creme Company Return Policy

- Returns are accepted only **within 10 days** upon confirmed receipt with a valid Return Authorization (RA) number. RA number is valid for **7 business days** from the date of issue. Any returns made without the proper authorization and procedure will not be honored and will be returned back to the customer at their expense.
- All/Any RA requests made **post to 10 days** of confirmed receipt of the merchandise **will be denied under all/any circumstances**.
- There will be **NO REFUNDS** issued for **any** returns. All returns will be valued and applied as store credit.
- Please submit all RA requests to:
  Email: **returns@arknco.com**
  Fax: **323-235-5454**
- UPS call tag (return label) will be provided by our company only on cases with errors made by our company.
- All requests will be reviewed by our RA dept. within **24 - 48 business hours** our from the time received. If you do not get a response within the 48 hrs. please contact us @ **323-235-5450** to make sure that we have received the request form correctly.
- Reporting false claims may result in termination of account/future business with Ark&Co. / En Creme.

By signing below, I Acknowledge that I understand and agree with the above policies

Customer Signature: _____ **Signed Date:** _____