



ColorProof

COLOR CARE AUTHORITY

RETURN REQUEST

CUSTOMER INFORMATION

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
PHONE	
EMAIL	

RETURN INFORMATION

PRODUCT(S) RETURNED	
SALON PURCHASED FROM	salon name _____ city, state _____
REASON FOR RETURN	

FOR COLORPROOF USE ONLY

RECEIPT INCLUDED?	yes ____ no ____
REQUIREMENTS FOR RETURN MET?	yes ____ no ____ if no, explain _____
APPROVED BY	
DATE	