



**CALIFORNIAN SMILES**  
THE TEETH WHITENING EXPERT

# Refund Form

Please complete all the boxes below, then send this form to us by email or post.

**DATE**

  /   /  

## YOUR INFORMATIONS

Full Name :	<input type="text"/>		
Order Number :	<input type="text"/>	Street :	<input type="text"/>
Order Date :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Post Code :	<input type="text"/>
Order Amount :	<input type="text"/>	City :	<input type="text"/>
Item(s) :	<input type="text"/>	Country :	<input type="text"/>
		Phone :	<input type="text"/>
		Email :	<input type="text"/>
		Phone :	<input type="text"/>

## YOUR REASONS

Tell Us Why :

## OUR ADDRESS

A : 5101 Santa Monica Blvd Ste 8 #1170, Los Angeles, CA 90029, USA

P : [contact@californiansmiles.com](mailto:contact@californiansmiles.com)

\_\_\_\_\_  
Signature

**THANK YOU FOR YOUR TRUST**

Once the form is received, we will do our best to respond to you as quickly as possible.