

Refund Form

Please complete all the boxes below, then send this **DATE** form to us by email or post. YOUR INFORMATIONS Full Name: **Order Number: Street:** Post Code: **Order Date: Order Amount:** City: Item(s): **Country**: Phone: Email: Phone: **YOUR REASONS** Tell Us Why:

A: 213 N Market Street #1042, Wilmington, DE 19801, USA

OUR ADDRESS

P: contact@oleaia.com

THANK YOU FOR YOUR TRUST

Signature

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