

Olivia Garden Travel Flat Iron Warranty Exchange Request Form

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

Date of purchase _____

Place of purchase _____

Serial # _____

Ship to Address Same as above _____

City _____

State _____ Zip _____

Please describe the problem _____

Include in your package:

Proof of purchase

Payment of \$18 (continental US) or \$28 (Hawaii, Alaska & Canada) made payable to Olivia Garden