

# PARA'KITO® RETURN FORM

**PARA'KITO USA Corp.**

2040 NW 29<sup>th</sup> Street

Fort Lauderdale

FL 33311

(954) 497-2196

Date: \_\_\_\_\_

Online Order/Invoice Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Please detail the reason for the return:

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