Refund Form

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

DATE

☐☐ / ☐☐ / ☐☐

YOUR INFORMATIONS

Full Name :

Order Number :

Order Date : ☐☐ / ☐☐ / ☐☐

Order Amount :

Item(s) :

Street :

Post Code :

City :

Country :

Phone :

Email :

Phone :

YOUR REASONS

Tell Us Why :

OUR ADDRESS

A : 18585 Coastal Hwy Unit 10 PMB 1008, Rehoboth Beach, DE 19971-6147, USA

P : contact@thcprotect.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.