



Return Form

Please fill in the form below and add it to your package. Address is on the next page.

Address:	
Client Name:	Purchase Date:
Contact Email:	Phone:
Address:	
City:	State: Zip Code:
Credit card #:	Expiry Date:
Name on Card:	
Address on Card:	
I am interested in: <input type="checkbox"/> Replacing the item <input type="checkbox"/> Get a refund	

Returned Items:

Total number of items:									
Reason of return: <input type="checkbox"/> Size <input type="checkbox"/> Color <input type="checkbox"/> Other:									
Style	Description	Color	Small	Medium	Large	X-large	XX-large	Total Units	Total
Total									

Please replace with:

Style	Description	Color	Small	Medium	Large	X-large	XX-large	Total Units	Total
Total									

ALL RETURNS ARE SUBJECT TO MANUFACTURER'S APPROVAL ALL REPLACEMENTS ARE SUBJECT TO AVAILABILITY.

Date, Place, Signature: _____

