GlovesForMe.com

Return Authorization #:	
Todav's Date:	

Returns Dept. c/o PO Box 4371 Smithers, BC V0J2N0 Canada

E-Mail: info@glovesforme..com

RETURN AUTHORIZATION FORM

Please fill this form out completely!							
Sold To:		Method Of Original Payment:					
Name:			Credit Card PayPal M/O		1/0		
Address:			Credit Cald	rayrai iv	1/0		
			Name on Card:				
City:			Last 4 digits of your (Credit Card #:			
State:	Zip:		Expiry Date:				
Country:							
Phone:	Fax:		PayPal Email:				
Email:							
Copy of Invoice Included?	Y	es No	Order id #				
Product Code	Descript	ion					
Explain your reason for your Return ie: what you need - items you want exchanged; size; color etc.							
Merchandise may be returned within 90 days from the date of order in original packaging material. There is a 15% administration fee on all refunds. No fees for exchanges. Original shipping and handling and return postage charges cannot be refunded. No refunds for Manufactured Seconds, Discounted or Bargain items Merchandise with manufacturing flaws will be replaced within 30 days from the date of order. You will need to supply picture/images of flaws for replacement approval.							
For Office Use Only:							
Received By:		** US & INTERNATIONAL CUSTOMERS **					
Condition:		DO NOT SEND PACKAGE BACK BY UPS COURIER SERVICES.					
Date Received:		To avoid additional fees, return your package by		You will need the Postal Service Customs Declaration Green or White sticker			
Comments:		FIRST CLASS MAIL	to:	(supplied by your postal outlet).			
GlovesForMe.com		GlovesForMe.com Attn: Returns Departn	Include the following:				
	c/o PO Box 4371 Smithers, BC V0J2N0			a) in the description box write	"RETURNING CANADIAN MANUFACTURED PRODUCT".		
				b) Customs Value	\$0.00		