RETURN / EXCHANGE FORM



To return or exchange items purchased from Killer Brigade, fill out this form and include it with your returned shipment. Please contact us at contact@killer-brigade.com if you have received the wrong product, an item that is damaged or defective or if you have additional questions or concerns.

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FULL NAME	ORDE	ORDER NUMBER PHONE NUMBER				
STREET ADDRESS	PHON					
CITY, ZIP	EMAIL ADDRESS					
RETURNED ITEM (S) item name(s) and size(s)	SELECT ONE	EXCHANGE FOR * item name(s) and size(s)				
	■ EXCHANGE please fill out					
	RETURN FOR REFUND					
	RETURN FOR STORE CREDIT					
Select all that apply:						
DID NOT FIT CHANGED MIN	ID UNHAPPY WITH QUALIT	TY OTHER				
* If you are exchanging an item please requested exchanged item/size online Feel free to contact the customer serve to ensure it will not sell out. If you ha (mon - fri 10-16) or contact us at cont	e at www.killer-brigade.com. vice team to hold asied your size a ve any questions call 930-01-242	Please return items to KILLER BRIGADE ATTN: RETURN SMIEVEIEN 7 2240 MAGNOR NORWAY				