

BONE HEAD OUTFITTERS RETURN FORM

ORIGINAL PURCHASER AND ORDER INFO:

Name and address of person who purchased is **REQUIRED**.

Original order # _____

Name _____

Address _____

City _____ State/Prov. _____ Zip _____

Daytime phone () _____

Email _____

SEND REFUND OR EXCHANGE TO:

Complete only if **DIFFERENT** from ORIGINAL PURCHASER.

Name _____

Address _____

City _____ State/Prov. _____ Zip _____

Daytime phone () _____

Email _____

QUALITY/SATISFACTION

- Defective, please call 319-395-6601 Other _____
- Item not as described/pictured _____
- Incorrect item _____



In the form below, please indicate the item(s) you are returning.

ITEM #	QTY.	COLOR	SIZE	ITEM DESCRIPTION

RETURN/REORDER FORM How would you like us to handle your return? PLEASE CHECK APPROPRIATE BOX

- EXCHANGE** same item for different size within 30 days of purchase: ORDER NEW ITEM(S) BELOW
- REFUND** my original method of payment.

ITEM #	QTY.	SIZE	ITEM DESCRIPTION

*Any additional charges will be charged to the credit card used on the original order.
If that card is no longer valid, please contact us at 319-395-6601 to place your order.

Return label. Please add correct postage.



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