



## Return Authorization Form

Full Name: \_\_\_\_\_

Order #: \_\_\_\_\_

Order Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

No	Item No.	Product Name	Qty	Reason	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Reason Codes:**

A = I don't like it

C = I changed my mind

D = Product is damaged/defective (How?)

W = Wrong product received

O = Other reason (please provide details)

**RETURN PRODUCTS TO:**

My Coffee Stix  
Returns Processing  
2117 Young America Dr,  
Lawrenceville, GA 30043  
USA

[www.MyCoffeeStix.com](http://www.MyCoffeeStix.com)

Please complete the above form and return it with the item(s) carefully packed.  
We recommend you ship the item(s) using trackable/insured shipping method. Thank you!