

TOCCA

RETURN REQUEST FORM

TOCCA accepts returns on unused and unopened, full-price items within 15 days of your delivery date. Please return this completed form to support@tocca.com and TOCCA will respond with return instructions within 48 hours.

ORDER # _____ DATE _____
(Located on your order confirmation email)

FIRST NAME _____ LAST NAME _____

EMAIL ADDRESS ON ORDER _____ TELEPHONE # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

	<u>STYLE #</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>PRICE</u>	<u>REASON</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
TOTAL			0	\$0.00	

IF OTHER, PLEASE NOTE THE REASONS WHY IN THE BOX BELOW SO WE CAN SERVE YOU BETTER!

ADDITIONAL COMMENTS

To be filled out by TOCCA:
Approved by TOCCA: _____
Date: _____
Return Authorization #: _____

TOCCA
28 WEST 25TH STREET 5TH FLOOR, NEW YORK, NY 10010
P: 212.929.7122; F: 212.929.6180
E: SUPPORT@TOCCA.COM