## Return Form Request



	Please pro	ovide the foll	owing information in o	rder for us to consider your return.		
CUSTOMER I	NFORMATION					
NAME:			DA	ATE:		
PHONE #:	ONE #:			ORDER # (CW#:)		
RETURN INFO	ORMATION					
SKU	QUANTITY	SIZE	COLOR	REASON FOR RETURN (please be specific)		
COMMENTS						
Please provide any	comments or feedback re	egarding the p	product you have purchas	ed:		
RETURN POLICY						
<ul><li>Returns only ac</li><li>Items with emb</li></ul>	cepted within 30 days of F	aundered, da	maged, discontinued and	d special ordered are not returnable.		
AUTHORIZAT	ION					
Please sign below	as an acknowledgement o	of the transac	tion and policies.			
SIGNATURE		PRI	NT NAME	DATE		