

REMAKE REQUEST FORM

YOUR DETAILS

Name: _____ Email: _____

Order #: _____ Date Order Received: _____

PRODUCT DETAILS

Product Name: _____

FIT ISSUE DETAILS

Which area of the garment has the fit issue?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Chest | <input type="checkbox"/> Shoulders | <input type="checkbox"/> Sleeve Length |
| <input type="checkbox"/> Body Length | <input type="checkbox"/> Waist/ Midsection | <input type="checkbox"/> Thigh |
| <input type="checkbox"/> Crotch | <input type="checkbox"/> Inseam | <input type="checkbox"/> Other: _____ |

Description of the fit issue:

Please provide a detailed description of what you like and dislike about the fit.

ATTACHMENTS

Please attach at least three images of yourself wearing the garment (front, side, and back) along with any additional images that highlight the fit issues.

SUBMISSION

Please submit the completed form and required attachments to our customer support team through the **CONTACT US** portal on our website within 30 days of receiving your order. Our team will review your request and notify you if further information is required. If local alterations can resolve the issue, we will recommend that option. Please ensure all information is accurate to help us to remake the garment to your satisfaction.