RETURN AUTHORIZATION FORM



Customer Information:							
Name	: _						
Date	: _						
Order Number	:						
Address	_						
City/State	:				Postal Code:		
Email Address	:						
Daytime Phone Number :							
Reason Codes: 01 = Size 02 = Defective* 03 = Wrong Item 04 = Other*							
(PLEASE SPECIFY ON REVERSE IF OTHER)							

QTY	ITEM NUMBER	DESCRIPTION (including size/color if applicable)	REASON CODE

Return Address: Please send all returns, along with this form to the following address below.

Longstreth Returns 78 Wells Road Spring City, PA 19475, USA