



RETURN / EXCHANGE FORM

Please include this form in your package

I WISH TO EXCHANGE RETURN

DATE:

NAME:

ORDER NUMBER:

STREET + NUMBER:

CITY:

POSTAL CODE:

TELEPHONE:

EMAIL:

REASON

	Item	Size		Item	Size
CHANGE	<input type="text"/>	<input type="checkbox"/>	FOR	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>		<input type="text"/>	<input type="checkbox"/>

	Item	Amount
RETURN	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="checkbox"/>