${\bf Junee-Return/Exchange\ Authorization\ Form}$

Full Name:						
Email:						
Shipping Addr	ess:				-	
:	street addre	SS	city	state	zi	ip .
Phone:	Order #				_	
I am submitting this form to:			Exchange Product(s)		Return Product(s)*	
Junee 7 days o		ed your ord	der any returne	ed merchan	dise receive	and received by d within 8 to 30 days turns or exchanges on
Brief explanati	on:					
Please exchang	ge:					
	For:					
Style		Style		Size		Color
	For:					·
Style		Style		Size		Color
	For:					
Style		Style		Size		Color
	For:					
Style		Style		Size		Color

Ship products to: Junees.com 1850 McDonald Avenue Brooklyn NY 11223