

Return and Exchange Form

Customer Information

Please include this form with your return. We recommend that you make a copy for your records

Name:	Order #.	
Address:	City, State, Zip Code:	
E-mail:	Phone#:	
Order date:	Return date:	
Refund		
Please indicate the ITEM(S) for Return and the	e reason why	
Product Name:	Color:	Size:
Reason for return:		
Product Name:	Color:	Size:
Reason for return:		
Product Name:	Color:	Size:
Reason for return:	•	
Exchange		
Please indicate the ITEM(S) for Exchange		
Product Name:	Color:	Size:
Please indicate the COLOR and SIZE for exchai	nge	•
	Color:	Size:
Product Name:	Color:	Size:
Please indicate the COLOR and SIZE for exchan		
	Color:	Size:
Product Name:	Color:	Size:
Please indicate the COLOR and SIZE for exchange	_	1
The state of the s	Color:	Size:



Capo Cycling Apparel P.O. Box 151304 Lakewood, CO 80226