

## RETURN MERCHANDISE AUTHORIZATION FORM

Please complete and include this form with your return shipment. Returns must be received within 30 days from your original order date.

**ORDER #:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**PREFERRED FORM OF CONTACT** (Phone No. or Email Address used for return communication only) :

**ITEM #1:** \_\_\_\_\_

**REASON FOR RETURN:**

- |  |  |
|--|--|
| <input type="checkbox"/> Wrong size ordered        | <input type="checkbox"/> Wrong merchandise received                            |
| <input type="checkbox"/> Didn't like the color     | <input type="checkbox"/> Item was damaged/defective (please explain):<br>_____ |
| <input type="checkbox"/> Unsatisfied with fit      | <input type="checkbox"/> Other (please explain):<br>_____                      |
| <input type="checkbox"/> Changed mind/do not need  |  |
| <input type="checkbox"/> Wrong merchandise ordered |  |

**ITEM #2:** \_\_\_\_\_

**REASON FOR RETURN:**

- |  |  |
|--|--|
| <input type="checkbox"/> Wrong size ordered        | <input type="checkbox"/> Wrong merchandise received                            |
| <input type="checkbox"/> Didn't like the color     | <input type="checkbox"/> Item was damaged/defective (please explain):<br>_____ |
| <input type="checkbox"/> Unsatisfied with fit      | <input type="checkbox"/> Other (please explain):<br>_____                      |
| <input type="checkbox"/> Changed mind/do not need  |  |
| <input type="checkbox"/> Wrong merchandise ordered |  |

**PLEASE RETURN MERCHANDISE ALONG WITH THIS FORM TO:**

**RED BULL SHOP US**  
4141 South Peoria St.  
Chicago, IL 60609

Allow 14 business days for us to process your return and 1-2 billing cycles for the refund to appear on your bank/credit card statement.