



## RETURN AUTHORIZATION FORM

### STEP 1

Complete the Return Authorization Form or include a note containing the following information:

Full Name

Return Shipping Address

Email address

Phone Number

Holster Information (i.e. make & model of firearm, left/right, IWB/OWB, etc.)

### STEP 2

Ship your damaged product or product you wish to exchange to:

Bullseye Holsters, Inc

Attn: Returns & Exchanges

6300 Yukon Rd

Jacksonville, FL 32244

### STEP 3

Once your return is received, your new item(s) will be shipped out at no additional cost or a refund will be issued. Email us directly at [warranty@bullseyeholsters.com](mailto:warranty@bullseyeholsters.com) if you have any questions on how you might best return an item to us.

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Customer Name (First/Last) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Holster Information:**

Gun Make and Model: \_\_\_\_\_

Left      Right

IWB      OWB     Other \_\_\_\_\_

Date Purchased (estimated): \_\_\_\_\_