



RETURN AUTHORIZATION FORM

STEP 1

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

Full Name
Return Shipping Address
Email address
Phone Number
Holster Information

STEP 2

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

Bullseye Holsters, Inc
Attn: Returns & Exchanges
2680 Stratton Blvd
Unit 2
St Augustine, FL 32084

STEP 3

Once your return is received, your new item(s) will be shipped out at no additional cost. Email us directly at service@bullseyeholsters.com if you have any questions on how you might best return an item to us.

Reason for Return: Warranty Exchange

Customer Name (First/Last) _____

Street _____

City _____ State _____ Zip Code _____

Email Address: _____

Phone Number: _____

Holster Information (SKU): _____

Size: _____

Left Right

IWB OWB Other _____

Date Purchased (estimated): _____