

Jewelry Resizing Form

To ensure a smooth return process, please fill out this form and include a copy inside the package. Don't forget to keep a copy for your own records. We will contact you, once your package is received.

NAME:			
SHIPPING ADI	DRESS:		
EMAIL:			
PHONE #:			
ORDER #:			
PREFERRED M	ETHOD OF CONTACT: Email	Text Phone Call	
ITEM(S) INCLU	DED FOR RESIZING:		
WHAT IS THE	NEW SIZE YOU WANT THE ITEM?		
BRACELET:	NECKI	ACE:	
RESIZING FEE:			
Please note the	date you purchased the resizing fee	on the website	
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ht away and suggest tl	e event that we need to replace beads or con ne best substitute. Please note that shipping urnaround time for resizing is normally 1-2	costs for resizing to our stud	dio are the responsibility of the
Customer Signat	ure	Date	
Ship your return to: Rock My Wings			For Internal Use Only:
Attn: Repair Dept	For your protection, please have your pac	kage	
P.O. Box 1373 Oakdale, CA 95361	tracked and insured. We are not responsit for lost packages.	ble	Date Received: