

RETURN AUTHORIZATION FORM

STEP 1

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

Order Number

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:

Outlaw Holsters

Attn: Returns & Exchanges

26 Industrial Loop E Suite 172

Orange Park, FL 32073

STEP 3

Once your return is received, your new item(s) will be shipped out within 7 business days.

Reason for Return: Warranty ___ Exchange ___ Refund___

What website did you purchase this from? _____

Order Number or ID _____

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): _____