RETURN FORM

You must include this form with your return

Order Number _____

Name _____

Email _____

Phone _____

Item Number / Product Name	Color / Size	Quantity	Return Code

Return Code :

A. Wrong Size **B. Didn't Like** **C. Defective**
D. Not as Described **E. Received Wrong Product**

Please mail the return to:

Distribution Center - Returns
951 Remsen Avenue
Brooklyn, NY 11236