



# DAVID'S

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New Orleans, LA 70130  
davidsnola.com  
504-908-0011

**Please CLEARLY fill out form and attach to returned item**

### Client Contact Info

Client Name: \_\_\_\_\_  
*Last* *First* *M.I.*

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

Return Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

### Order Info

Order Number: \_\_\_\_\_ Date: \_\_\_\_\_

Item Description: \_\_\_\_\_

Reason for Return: \_\_\_\_\_  
\_\_\_\_\_

Sales Associate Name: \_\_\_\_\_

Date Called: \_\_\_\_\_

### Notes

*Thank You*