



**Give A Boxx
RETURN FORM**

Personal Information

Full Name: _____
Last Name First Name

Address: _____
Street Address Apartment/Unit #

City/Province/State Country Area Code/ZIP Code

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Reason for Exchange/Return

Please check one of the following:

- Damaged
- Defective
- Wrong Item

Return Checklist

- Copy of the original receipt
- Product with original packaging
- Return Form
- Order Number: _____

Please ship returns to: Returns, Give A Boxx 186 Monsheen Drive Woodbridge ON L4L 2E9