

RETURN FORM



Customer Information

NAME _____ ORDER # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

Return Information

RETURNED ITEM _____

REASON FOR RETURN (Check One)

- Too Small (TS)
- Defective After use (DG)
- Too Large (TL)
- Wrong Item Sent (WE)
- Received Damaged (RD)
- Dissatisfied w/Purchase (CD)
- Other

ACTION TO BE TAKEN (Check One)

- Refund
- Exchange

New Item _____
(Style #) (Color) (Size)