WEBSITE RETURN FORM

Please fill out the information so we can correctly exchange/return this product.

_________  ____/____/_______  _____/____/_____  
ORDER #  ORDER DATE  TODAY’S DATE

______________________________  ________________________
FIRST NAME  LAST NAME

______________________________  ________________________
STREET ADDRESS  APT#  STATE  ZIP

______________________________  ________________________
PHONE NUMBER  E-MAIL ADDRESS

REASON FOR RETURN:  □ DAMAGED/PRODUCT DEFECT  □ WRONG SIZE

□ OTHER (please explain) ________________________________________  

________________________________________
DESCRIPTION OF PRODUCT BEING RETURNED

OFFICE USE ONLY

______________________________  ________________________
ACTION TAKEN  DATE

______________________________  ________________________
TAKEN BY  DATE