

Return Form

PLEASE INCLUDE THIS FORM WITH YOUR RETURN

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DATE	ORDER NUMBER	PO Number	OPEN ACCOUNT #	CUSTOMER NUMBER					
BILL TO: SHIP TO:									
Company Name			Company						
Employee			Employee						
			4						
Street			Street						
City	State	ZIP	City Sta	te ZIP					
City	State	۷۱۲	City	ie Zir					
Phone Number	()								
	Area Code		_						
Please complete the section below to assist us in processing your return more efficiently.									

				✓ Che	eck One	Use this section for exchanges		
STYLE	COLOR	SIZE	QTY	REFUND	EXCHANGE	STYLE/COLOR/SIZE	PERSONALIZATION CHANGES	

REASON FOR RETURN: Explain		
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Return Instructions:

- 1. Fill out the above form and enclose in your package.
- 2. Ship via UPS or insured parcel post. We will not accept COD.