Return Form

PLEASE INCLUDE THIS FORM WITH YOUR RETURN

DATE	ORDER NUMBER	PO #	OPEN ACCOUNT #	CUSTOMER NUMBER

BILL TO:

Company Name:		
Employee		
Street		
City	State	Zip

SHIP TO:

Company		
Employee		
Street		
City	State	Zip

Phone Number ( )

Area Code

Please complete the section below to assist us in processing your return more efficiently.

				Check One		Use this section for exchanges	
STYLE	COLOR	SIZE	QTY	REFUND	EXCHANGE	STYLE/COLOR/SIZE	PERSONALIZATION/CHANGES

REASON FOR RETURN: Explain

Return Instructions:

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