



Merchandise Return Form

Please include this form as well as a copy of the original invoice you received with your merchandise

Today's Date _____

Invoice # _____

(If not available, please include purchaser's name, address and, phone number)

Your Name _____

Your Phone # _____

Items Returned _____

Reason For Return (Please Circle)

Not Satisfied

Wrong Item

Didn't Order

Not What Expected

Arrived Too Late

Defective

Duplicate

Wrong Size

Did Not Fit

Other: _____

Desired Action *Refund* *Exchange* (Please Circle)

Comments: _____
