

Return Form

PLEASE INCLUDE THIS FORM WITH YOUR RETURN

DATE	ORDER NUMBER		PO#		OPEN ACCOUNT #		CUSTOMER NUMBER			
BILL TO:				l	S	SHIP TO:				
Company Name:						Company				
Employee						Employee				
Street						Street				
City			State		С	ity		State	Zip	
Phone Number	() Area Code	•			•	-		•	•	
P	ease com	plete the	section	below to	assist us	in processing	our ret	urn more effic	iently.	
Check One					ck One	Use this section for exchanges				
STYLE	STYLE COLOR SIZE		QTY	REFUND EXCHA		SE STYLE/COLOR	STYLE/COLOR/SIZE		PERSONALIZATION/CHANGES	
				ı						
REASON FOR F	RETURN: E	xplain								

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.