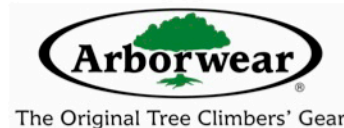


Return/Exchange Form



*This form must be completed for your return/exchange to be processed accurately.

Please refer to your packing slip/invoice to complete the following information:

Invoice/Packing Slip #: _____ Name/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Reason #	Item Number	Description	Size	Color	Qty	Check one		Item Requested
						Ret	Exch	

Reason for Return

- 1 Wrong merchandise
- 2 Wrong Size
- 3 Wrong Color
- 4 Quality not as expected
- 5 Item not as described
- 6 Defective product
- 7 Received too late

Desired Action:

- Please refund
- Please exchange as requested above

Comments: _____

