

RETURNS / EXCHANGES FORM

Order #: _____ Date: _____

Name: _____ Contact #: _____

Address: _____

State: _____ Post Code: _____

Country: _____

Email: _____

Returning Item:

Style Code	Style Name	Colour	Size	Price
Total:				\$

Exchanging For:

Style Code	Style Name	Colour	Size	Price
Total:				\$

Reason for Return:

I wish to be invoiced for return shipping via PayPal
or

I have attached my own prepaid postage sachet

OFFICE USE ONLY

Received Date: _____

Payment Date: _____