

ORDER NO.	DATE

Bill To: (Original Order) NAME: ADDRESS: CITY: STATE: ZIP CODE:			Ship Exchange To: (If Different) NAME:									
			STATE: ZIP CODE:									
			PHONE:			PHONE:						
			EMAIL:		EMAI	L:						
Items I'm Ret	urning:					Reas	ons:					
ITEM NO.						1 = TOO SMALL 2 = TOO BIG 3 = TOO SHORT 4 = TOO LONG 5 = ORDERED WRONG SIZE 6 = DON'T CARE FOR 7 = DEFECTIVE 8 = SHIPPING DAMAGE 9 = WRONG ITEM 10 = ARRIVED TOO LATE						
	Exchange Items											
EXCHANGE REFUND	ITEM NO.	ITEM NAM	E	SIZE	QTY	PRICE	REASON					
Comments:			Credit Card Info: (If Applicable) IF YOUR EXCHANGE EXCEEDS YOUR RETURN, PLEASE PROVIDE CREDIT CARD INFO BELOW OR ENCLOSE CHECK OR MONEY ORDER:									
	CARI	CARD NO.:										
		EAD I	ATE.		CV	١/٠						