



RETURN SLIP

(PLEASE FILL & INCLUDE IN PACKAGE - RETURN WILL NOT BE ACCEPTED/RESOLVED WITHOUT FORM)

ORDER # _____

NAME _____

PHONE # _____

RETURN ADDRESS: _____

REASON FOR RETURN _____

ADDITIONAL NOTES _____

PLEASE ALLOW 24-48 HOURS FOR RETURNS TO BE REVIEWED & PROCESSED ONCE
YOUR TRACKING HAS STATED DELIVERY
YOU WILL RECEIVE AN EMAIL UPON REVIEWAL OF YOUR RETURN