



RETURN FORM

Fill in this form if you wish to change or return your item(s).
Insert this form afterwards to the package you're returning.

NAME: _____

ORDER NUMBER: ORD _____

DATE OF RETURN: _____

NAME OF THE ITEM(S): _____

REASON OF RETURN:

1. WRONG ITEM HAS BEEN DELIVERED	2. ITEM LOOKS DIFFERENT FROM THE PICTURE – I DON'T LIKE IT
3. ITEM DOES NOT FIT	4. DEFECT/PRODUCTION ERROR
5. OTHER:	

SOLUTION:

1. I WOULD LIKE ANOTHER SIZE:	_____
2. I WOULD LIKE ANOTHER COLOR:	_____
3. I WISH TO BE REFUNDED	