

RETURN/EXCHANGE FORM

The following information must be printed, signed, and included with your return in order for your return/exchange to be processed. If you cannot print, please hand write this information and include it with your return.

Name: _____ Order # _____

Street Address: _____ E-mail Address: _____

Phone # _____ City: _____ State: _____ Zip Code: _____

Product Details

Quantity	Item Description

Reason for Return:

- Wrong item received Wrong size Does not want
 Wrong Item ordered Damaged product Other

Comments: _____

Due to inspection, warehouse, and processing costs a **15% Restocking Fee** may be applied to all orders that are returned past the 7 day window. Orders that are being exchanged or items being returned/exchanged due to manufacturers defect will not incur this restocking fee.

By signing you have acknowledged that the above information is correct and that failure to provide correct information may result in a denied refund.

Signature: _____ Date: _____