



Return Form

PLEASE INCLUDE THIS FORM WITH YOUR RETURN

DATE	ORDER NUMBER	PO Number	OPEN ACCOUNT #	CUSTOMER NUMBER
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BILL TO:			SHIP TO:		
Company Name			Company		
Employee			Employee		
Street			Street		
City	State	ZIP	City	State	ZIP

Phone Number () _____
Area Code

Please complete the section below to assist us in processing your return more efficiently.

STYLE	COLOR	SIZE	QTY	✓ Check One		Use this section for exchanges	
				REFUND	EXCHANGE	STYLE/COLOR/SIZE	PERSONALIZATION CHANGES

REASON FOR RETURN: Explain

Return Instructions:

1. Fill out the above form and enclose in your package.
2. Ship via UPS or insured parcel post. *We will not accept COD .*