

# RETURN AUTHORIZATION FORM

Must be completed and included in all returns

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Reason for return: \_\_\_\_\_

\_\_\_\_\_

Please exchange for the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Please credit my account less return fees.

Signature: \_\_\_\_\_

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