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RETURN FORM

Please fill out the top portion of this form and include it in your return along with a copy of your receipt.

Order ID:				
Name:				
Shipping Address:				
City:	State:	Country:_	Zip:	
Email:				
Day Time Phone Number:				
Date of Return: MM/DD/YY_		Item Being Returned		
Was this a Gift?	Refund	Store Credit	Exchange	
Please check all that apply:				
Did Not Like Design Product Did Not Fit	Product was Defective Wrong Product Was Sent			
If other please explain:				
Please attach the portion below Please note: This does not const				
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