

1 Customer Information

FIRST NAME		LAST NAME	
STREET ADDRESS			
CITY		STATE/PROVINCE	POSTAL CODE
EMAIL			PHONE

2 Purchase Information

This item was a gift

ORDER NUMBER (IF KNOWN)	CUSTOMER NUMBER (IF KNOWN)
WHERE WAS THE ITEM PURCHASED (IF KNOWN)	

3 Return Item Details

STYLE	COLOR	SIZE	ITEM DESCRIPTION			
SELECT REASON FOR RETURN						
<input type="radio"/> NOT ITEM ORDERED	<input type="radio"/> ZIPPER PROBLEM	<input type="radio"/> DEFECTS	<input type="radio"/> DID NOT LIKE DESIGN	<input type="radio"/> DID NOT LIKE COLOR	<input type="radio"/> TOO SMALL	<input type="radio"/> TOO LARGE
<input type="radio"/> OTHER ISSUE: _____						