

Returns Form



| | |
|----------------------|--|
| Name | |
| Order/Invoice Number | |
| Date of Order | |

| Item | Quantity | Reason for Return |
|------|----------|-------------------|
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Course of Action

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|-------------|--|
| Full Refund | |
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|--------------|--|
| Store Credit | |
|--------------|--|

| | |
|---------------|--|
| Exchange Size | |
|---------------|--|

| | |
|-----------------|--|
| Exchange Colour | |
|-----------------|--|



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