RETURN/EXCHANGE FORM

NAME	
EMAIL	
LIVIAIL	
CONTACT NUMBER	
ITEM(S) BEING RETURNED:	
1.	
2.	
3.	
ORDER NUMBER	
REASON FOR RETURN (select all that may a	ipply):
Wrong Product Ordered	
Wrong Product Received	
Product Was Damaged Upon Arrival	The Call
Other (please specify below):	