



CUSTOMER RETURN FORM

This form is to be printed, filled out, and sent with returned product.

Order XID #? _____

Date of order? _____

Ship to name as it appears on the order: _____

Ship to address: _____

City: _____ State/Country: _____ Zip: _____

Daytime Phone Number: _____

Email Address: _____

Please explain the reason for the refund:

Office Use Only:

Product:

Cost:

Other:

Total Refund: