



Please complete this form and enclose it with the item(s) you are returning

## RETURN FORM

Invoice/Receipt #

Date:

RMA#

Reason for return/exchange:

Too Big

Too Small

Defective

Other

Additional Comments:  SA  A  C  B  D

Name:

Address:

City:

Prov:

Postal Code:

Phone:

Email:

Signature

Date