

RETURN/EXCHANGE FORM

NAME _____

ADDRESS _____

ITEM NAME _____

ITEM# _____

SIZE _____

STYLE/COLOR _____

QUANTITY _____

COST _____

REASON _____

REFUND OR EXCHANGE _____

FOR EXCHANGES ONLY

PREFERRED

ITEM# _____

SIZE _____

STYLE/COLOR _____

QUANTITY _____

SHIPPING COST _____

*TOTAL COST _____

***FL add 7% sales tax to garment excluding shipping cost**