RETURN FORM

Cus	tomer Name	e:						
Tele	phone Num	nber: .						
Ord	er Number:							
Forr	n of Payme	nt:						
VISA MC Discover PayPal Card #								
				Exp	. Date CVV Code			
	PayPal Acct #							
Qty	Product		Description		Colour	Price	Reason Code	Total
Your shipping address: Your card's billing address:								
Rea	son Codes:							
2 - 3 - 4 - 5 - 6 -	Arrived dan Didn't like of Wrong item Not as pictor I changed reaction to Other (plea	colour shippured/c my mi produ	ped describe nd uct (ple		iin)			