Return & Exchange Form

Name				IMPORTANT!		
Address	·			_	ETURN PO	
City		State	Zip	1.) Fill out the return form completely. No returns will be accepted without this form		hout this form.
Phone (Day)				2.) Return all new/unused product(s) in their original packaging within 30 days.		
					4) Return the items prepaid (IJPS FedFx	
				or US Pos	tal Service INSUI	RED) to:
"Se	ervice Is Our Mo	st Importa	int Product"			
T !-4 41.	: 4	- 4				
List tr	ne items you are r	eturning				
Qty	Part #	Description of Returned Item		Price Each	Total	
ALA DE		D CH A N D I CH			101/1 1 1	
AM KE	TURNING THIS ME	KCHANDISE	FOR THE FOLLO	JWING REAS	ON (please check	(one):
1. V	Wrong item sent (e.	xplain brief	ly):			
_	tem Damaged/Def	-				
_	Not Satisfied (expla					
_	Other (explain brief	-				
_ / (Juici (Capiani Unici	11 y)				
4. (INDICATE THE AC	TION YOU V	VISH US TO TAK	E:		
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