



Return & Exchange Form

Name: _____ RETURN DATE: _____
 Address: _____
 City: _____ State _____ Zip _____ Visa American Express
 Email: _____ Mastercard Check
 Daytime Phone: _____ C/C Used: _____
 Evening Phone: _____ Expiration Date (MM/YY): _____
 Invoice#: _____ Name on Card: _____
 RA# _____ V-Code (3-4 Digits On Back Of Card): _____
 Signature: _____

IMPORTANT: No returns will be accepted without a RA#. Please call 415.485.1524 to get RA#
 Reason for return and/or exchange: _____

| ITEMS RETURNING: | | | | | |
|------------------|-------------|-------|------|-----|-------|
| Item# | Description | Color | Size | Qty | Total |
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| EXCHANGE ABOVE ITEMS FOR: | | | | | |
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| Return Item(s) Subtotal (-) | | |
| Exchange Item(s) Subtotal (+) | | |
| Subtotal | | |
| Sales Tax 8.25% | | |
| Shipping | | |
| Total | | |

- IMPORTANT:**
- * ALL Returns must have a RA# written clearly on form and outside of box.
 - * ALL Of this form must be filled out completely.
 - * NO Used Items can be returned via this form.
 - * ALL Credits will be issued in the form of the original payment type.
 - * Once your return has been approved you will receive a confirmation E- mail.