

Return/Exchange Request Form

Order Number Order Date Name of School Name of Student Contact Tel Address			
Item Qty Size REASON FOR RETURNING (PLEAS Size Small Size Big Wrong Item Ordered Wrong Item Shipped Defected Item Shipped Others(Please write reason)	SE MARK ONE)		
EXCHANGE REQUEST (PLEASE WRITE Signature of Customer	CORRECT SIZE) * This is only when w	re sent you wrong size or wrong items)	Date
Remarks: office use only			