



RETURN FORM

NAME		DATE	RETURN AUTHORIZATION NUMBER
ADDRESS			CALL TOLL FREE (888) 440-3013 (9AM-6PM EST) TO RECEIVE AUTHORIZATION
CITY	STATE	ZIP	RA-
PHONE NUMBER	E-MAIL ADDRESS		ORDER NUMBER

Please use a separate form for each item bring returned.

ITEMS BEING RETURNED:

QUANTITY	<input type="text"/>
ITEM NUMBER	<input type="text"/>
STYLE	<input type="text"/>
COLOR	<input type="text"/>
SIZE	<input type="text"/>

REASON FOR THE RETURN:

<input type="checkbox"/>	I ORDERED THE WRONG ITEM OR SIZE
<input type="checkbox"/>	I WAS SENT THE WRONG ITEM OR SIZE
<input type="checkbox"/>	I WANT TO EXCHANGE THE ITEM FOR ANOTHER SIZE OR STYLE
<input type="checkbox"/>	PRODUCT IS DEFECTIVE OR DAMAGED
<input type="checkbox"/>	OTHER _____

EXCHANGE INFORMATION IF APPLICABLE:

<table style="width: 100%;"> <tr><td style="width: 15%;">QUANTITY</td><td style="width: 15%;"><input type="text"/></td></tr> <tr><td>ITEM NUMBER</td><td><input type="text"/></td></tr> <tr><td>STYLE</td><td><input type="text"/></td></tr> <tr><td>COLOR</td><td><input type="text"/></td></tr> <tr><td>SIZE</td><td><input type="text"/></td></tr> </table>	QUANTITY	<input type="text"/>	ITEM NUMBER	<input type="text"/>	STYLE	<input type="text"/>	COLOR	<input type="text"/>	SIZE	<input type="text"/>	TO BE EXCHANGED FOR:	<table style="width: 100%;"> <tr><td style="width: 15%;">QUANTITY</td><td style="width: 15%;"><input type="text"/></td></tr> <tr><td>ITEM NUMBER</td><td><input type="text"/></td></tr> <tr><td>STYLE</td><td><input type="text"/></td></tr> <tr><td>COLOR</td><td><input type="text"/></td></tr> <tr><td>SIZE</td><td><input type="text"/></td></tr> </table>	QUANTITY	<input type="text"/>	ITEM NUMBER	<input type="text"/>	STYLE	<input type="text"/>	COLOR	<input type="text"/>	SIZE	<input type="text"/>	<table style="width: 100%;"> <tr><td style="width: 15%;">QUANTITY</td><td style="width: 15%;"><input type="text"/></td></tr> <tr><td>ITEM NUMBER</td><td><input type="text"/></td></tr> <tr><td>STYLE</td><td><input type="text"/></td></tr> <tr><td>COLOR</td><td><input type="text"/></td></tr> <tr><td>SIZE</td><td><input type="text"/></td></tr> </table>	QUANTITY	<input type="text"/>	ITEM NUMBER	<input type="text"/>	STYLE	<input type="text"/>	COLOR	<input type="text"/>	SIZE	<input type="text"/>
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COMMENTS:	
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MAILING INSTRUCTIONS:

A Return Authorization Number is necessary for all returns or exchanges. **Returns will not be credited without authorization.** Please return items in their original condition and packaging. Soiled or worn items can not be returned. **Please be sure to include this form in the package being returned.** Return postage is to be paid by the customer unless otherwise authorized by Stylease. Parcel Post (US Mail) is the recommended method of return. Mail returns to:

STYLEASE
 RETURNS
 PO Box 4005
 Burbank, CA 91503