

Include return form and copy of original invoice in package

Reason for return _____

Name _____ Phone # (_____) _____

Address _____

Please indicate: Exchange Refund

If your are exchanging within 30 days of purchase, please indicate which style to send:

Style # _____ Style Name _____

Power (if applicable) _____ Size (if applicable) _____

Affix return label to package

FROM _____

POSTAGE DUE COMPUTED
BY DELIVERY UNIT

POSTAGE: _____

FIRST-CLASS MAIL

NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES

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MERCHANDISE RETURN LABEL

PERMIT NO. 131001 RETURNS DEPT SMITHFIELD RI 02917
500 GEORGE WASHINGTON HWY

**POSTAGE DUE UNIT
US POSTAL SERVICE**

24 CORLISS ST
PROVIDENCE RI 02904-9997