Return and Exchange Form

Dear Customer,

Thank you for choosing to shop at our store. We value your trust and strive to provide you with the best possible shopping experience. However, if for any reason you are not completely satisfied with your purchase and need to return or exchange your item, please complete this form. This document is an essential part of the return or exchange process, and completing it completely and correctly will help us process your request more quickly.

Please read all instructions carefully and make sure you have provided the correct information. Remember to include this form with the returned item and, if necessary, include other relevant documents, such as photos of the damage or proof of purchase. Thank you for your understanding and cooperation.

Customer Information:				
Full Name:				
Email Address:				
Phone Number:				
Address:				
City:	State/Province	e:		_
Zip/Postal Code:	Country:			
Order Information:				
Order Number:				
Date of Purchase: Payment Method:				
**Return/Exchange Details: Please indicate the reason Damaged item		ange by selecti	ng one of the	following options:
☐ Incorrect item received				
Size/fit issue				
☐ Product defect				
☐ Not as described				
Other (please specify): _				
Detailed description of the	problem:			
**Returned/Exchanged Iten				
1. Item Name: 2. Item Name:		_ Quantity:	SKU:	
2. Item Name:		_ Quantity:	SKU:	
3. Item Name:		_ Quantity:	SKU:	

Preferred Resolution:

Please indicate your desired resolution by selecting one of the following options: Exchange for a different size/color (Indicate:)
☐ Refund to original payment method
☐ Store credit
Additional Requests:
Return Shipping Details: Carrier Used: Tracking Number:
Date Shipped:

Supporting Documents: Please attach any relevant photos or receipts to expedite your request. Attached images
Attached receipt/invoice
Customer consent and signature: By submitting this form, I confirm that I have read and understand the rules for returning/exchange of goods. I confirm that the information provided is true and correct. I understand that in case of an incorrectly completed form, the processing of my request may be delayed or rejected.
Customer signature: Date:
For internal use only (to be completed by a store employee): Received by: Date of receipt: Checked: Yes No
Approved solution: Yes No
Processed by: Date of processing: Comments:

Thank you for your cooperation! We will process your request as soon as possible and inform you of its outcome.