

RETURN FORM

Please complete the Return Fo	rm below before returning your purchase.	Please include this completed sheet with your
merchandise when you mail your return back to us.		

ORDER/TRANSACTION #:				FIRST NAME:			LAST NAME		
				PHONE #:					
ITEM #	COLOR	SIZE	QTY		PRODUCT TITLE			RETURN REASON	
RETURN REA	SON					-			
Return Reaso	n Code	Return Reason		Code		Bob's Stores			
Arrived Late	ved Late ARL		Wrong Item, size or color sent		MIS] ;			
Did not Like	CID	Defective Item - wants exchange		MSC	_	Attn: Returns			
Duplicate order DUP Defective Item - wants refund		MSI	_ i	160 Corporate Court					
Other*	* MSS			」 i	Meriden, CT 06450				

Other please Describe _____

^{*}Please cut address above on dotted line and affix to return package