



RETURN AUTHORIZATION FORM

Please include a completed copy of this form inside your return shipment along with any merchandise you are returning.

ORDER INFORMATION

Please provide information regarding your order in case we have any questions while processing your return:

Order Number: _____

First and Last Name: _____

Email Address: _____

Phone Number: _____

MERCHANDISE INFORMATION

REASON FOR RETURN:

<input type="checkbox"/> Damaged	<input type="checkbox"/> Other (Please Explain)
<input type="checkbox"/> Wrong Item Received	_____
<input type="checkbox"/> Dissatisfied Or Not As Expected	_____
<input type="checkbox"/> Defective	_____
<input type="checkbox"/> Duplicate Shipment	_____
<input type="checkbox"/> Did Not Order	_____

**INCLUDE COMPLETED FORM IN PRODUCT SHIPMENT.
RETURNS CAN BE SHIPPED TO:**

KALMBACH MEDIA
Kable Product Services, Inc.
4275 Thunderbird Lane
Fairfield, OH 45014