



Consumer Return Form



Consumer Return Form

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Product Name: _____

Product Name: _____

Product Size: _____

Product Size: _____

Reason for Return: _____

Reason for Return: _____

- - - - - Retailer Must Fill Out Below Section - - - - -

- - - - - Retailer Must Fill Out Below Section - - - - -

Retail Name and Location (please use stamp if available)

Retail Name and Location (please use stamp if available)

UPC from Return: _____

UPC from Return: _____

Code Date: _____

Code Date: _____

Retailer Signature: _____

Retailer Signature: _____

Phone: 877-277-9387 • Fax: 877-296-9387

Phone: 877-277-9387 • Fax: 877-296-9387

*****UPC Code, Date Code and Retail Name & Location MUST be completed in order to receive credit.**

*****UPC Code, Date Code and Retail Name & Location MUST be completed in order to receive credit.**