

## RETURN CARD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Where purchased: \_\_\_\_\_

Receipt attached:     yes         no

Reason for return: \_\_\_\_\_

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