

BAILEYWORKS

RETURN FORM

YOUR SHIPPING & CREDIT CARD INFORMATION

NAME _____ EMAIL _____ PHONE # _____

ADDRESS _____

INVOICE # _____

LIST THE ITEM ENCLOSED IN YOUR RETURN _____

CREDIT CARD TYPE VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME _____ CREDIT CARD # _____ CVV2# _____ EXPIRATION DATE ____ / ____ / ____

HOW SHOULD WE HANDLE YOUR RETURN?

CHECK ONE BOX BELOW

EXCHANGE FOR (LIST TOP 3 ITEMS):

COLOR OF NEW ITEM:

RETURN (PLEASE GIVE REASON FOR RETURN):

SHIP YOUR RETURN TO : BAILEYWORKS | 909 ISLINGTON STREET | PORTSMOUTH, NH 03801 | USA

FOR EMPLOYEE USE ONLY

RESTOCK PRODUCT?

NO YES

SECOND QUALITY? (IF YES, NOTE WHY)

NO YES _____

SIGNATURE _____ DATE ____ / ____ / ____