

NAME:_

ADDRESS: ____

PHONE: _____

CITY, STATE, ZIP:_____

RETURN FORM

NVOICE #		CUSTOMER ID(IF APPLICABLE)	ORDER DATE	
SO	ADDRESS:		ADDRESS:	
PHONE:			PHONE:	
		ORDER SUM	1MARY	
QTY.	ITEM#	DESCRIPTION	REASON CODE	REASON CODE DESCRIPTIONS
СОММІ	ENTS:			 INCORRECT ITEM SENT INCORRECT SIZE SENT ITEM DOESN'T MATCH IMAGE ON SITE. ITEM ARRIVED DAMAGED CANCELLED ORDER ITEM IS DEFFECTIVE (EXPLAIN IN COMMENTS)
• RETUI • FILL C • INCLU • CUT A	OUT ORDER INFORMATION JDE COPY OF PACKING LLONG DOTTED LINE TO	THIN 30 DAYS OF RECEIPT OF PACKAGE. ON AND SUMMARY ABOVE AND PLACE CO SLIP IF AVAILABLE. D USE THE PROVIDED RETURN LABEL. THI CLUDE: CUSTOM PRODUCTS, GIFT CERTIF	S LABEL IS NOT PRE PAID	

SHIPTO: THE FLAG LOFT
1900 DELMAR BLVD.
ST. LOUIS, MO 63103