

MERCHANDISE RETURN FORM

PLEASE FILL OUT FORM AND ENCLOSE IN PACKAGE WITH ITEM BEING RETURNED. INCLUDE A COPY OF THE **ORIGINAL INVOICE**

RETURN MERCHANDISE TO:

BEDHEAD PAJAMAS
 RETURNS/ EXCHANGES
 5200 VENICE BLVD.
 LOS ANGELES CA 90019
 323.634.0333 phone
 323.634.0433 fax

I AM RETURNING THE FOLLOWING:							
ITEM #	QTY	ITEM NAME	REASON FOR RETURNING				PRICE
			SIZE	DAMAGED	FIT	QUALITY	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

 (YOUR NAME)

 (ADDRESS)

 (CITY) (STATE AND ZIP)

 (PHONE)

PLEASE DO THE FOLLOWING:

REPLACE ABOVE WITH:

ITEM #	QTY	ITEM NAME	SIZE	PRICE

CHARGE **\$8 EXCHANGE FREIGHT FEE** TO:
 V/MC or AMEX # _____
 EXP: _____

OR ENCLOSE CHECK MADE OUT TO *BEDHEAD PAJAMAS*

REFUND TO MY ORIGINAL FORM OF PAYMENT

NOTE:

