

JANE BOOKE RETURN FORM

Order information:

Customer First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ E-Mail: _____

Transaction information:

Order #: _____ Date of Purchase: _____

Credit Card Information:

Card Issuers Name: _____ Card Type: _____

Credit Card #: _____ Exp. Date: _____

Exchange Information:

SKU #: _____ Color: _____ Style #: _____ Size: _____

Qty: _____

Reason for exchange: _____

Return Information:

Credit: _____ Charge Credit _____ Exchange _____

Reason for Return:

