

Womens Sunday Suits - Return Form

Name(Please Print)* _____ Date*: _____

Invoice Number: # _____ Last 4 Digits of Card Used: _____

Address* _____ Town*: _____

State and Zipcode*: _____ Phone Number*: () - -

Style number and information of returned item(s):

#1: Style: _____ Color: _____ Size: _____ Amount: _____

#2: Style: _____ Color: _____ Size: _____ Amount: _____

Reason for return (Check One)

Doesn't Fit ☐ Wrong Style Sent ☐ Received Too Late ☐

Other: _____

What would you like to do with the return? (Check One)

Exchange for another style(s) as listed below ☐

#1 Style: _____ Color: _____ Size: _____

#2 Style: _____ Color: _____ Size: _____

Refund Back to Original Payment Method With a 25% Restocking Fee ☐

Hold as a Store Credit good for one year after received date for full amount ☐

Thank you for shopping with Womens Sunday Suits!
Please remember to attach the tracking number (on receipt) to this form or
Or email your tracking number and name to:
fashionreturns@yahoo.com