

Crazy Hens LLC- Returns and Exchange Form

First Name:
 Last Name:
 Email Address:
 Order Number:

List the items you are returning and why.

Item & Color	Qty	Reason	Price

Comments: If returning defective or damaged merchandise, please describe its condition.

What would you like us to do for you? Please circle one.

Refund Credit (Submit Request) **OR** Replace/Exchange (Continue)

List the items you would like in exchange for your return.

Item & Color	Qty	Size	Price

If there is a price difference between the Returns Total and the Exchange Total, please complete the credit card information below for the difference.

Visa/MasterCard/American Express/Discover- Please circle one.

Please enter all 16 digits #

Expiration Date:

Signature:

Please mail this form, along with the merchandise, to:
 804 Woodlawn Ct. Lebanon, Ohio 45036.

Please allow 2-3 weeks for exchange or adjustment.