

**Return Form**

Date:

Order Number: #

Name:

E-mail Address:

Original Item:

Size:

Colour:

Reason for return:

Please return item to:  
SURE IT'S YOURS LLC  
C/O BROKEN LIZARD  
24 SPICE STREET, SUITE 303  
CHARLESTOWN, MA 02129  
UNITED STATES

***For Internal Use***

INV ADJ.  
REFUND  
E-MAIL