

Return Form

C L A S S I F I E D

Date:

Order Number: #

Name:

E-mail Address:

Original Item:

Size:

Colour:

Reason for return:

Please return item to:

CLASSIFIED
608-9494 BOUL SAINT-LAURENT
MONTRÉAL QC H2N 1P4
CANADA

For Internal Use

INV ADJ.
REFUND
E-MAIL