

## Return Form

Date:

Store Name:

Order Number: #

Name:

E-mail Address:

Original Item:

Size:

Colour:

Reason for return:

Please return item to:  
THE CARDBOARDBOX PROJECT INC  
125 JOHN ROBERTS RD STE 21  
SOUTH PORTLAND ME 04106-3295  
UNITED STATES

***For Internal Use***

INV ADJ.

REFUND

E-MAIL