

# METRIC

## 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 METRIC  
24 SPICE STREET, SUITE 303  
CHARLESTOWN, MA 02129  
UNITED STATES

***For Internal Use***

INV ADJ.

REFUND

E-MAIL