

## Return Form

Date:

Order Number: #

Name:

E-mail Address:

Original Item:

Size:

Colour:

Reason for return:

Please return item to:

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

***For Internal Use***

INV ADJ.  
REFUND  
E-MAIL