

Return Form

THE WAR ON DRUGS

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 THE WAR ON DRUGS
24 SPICE STREET, SUITE 303
CHARLESTOWN, MA 02129
UNITED STATES

For Internal Use

INV ADJ.

REFUND

E-MAIL