

WINTERSLEEP

Return Form

Date:

Order Number: #

Name:

E-mail Address:

Original Item:

Size:

Colour:

Reason for return:

Please return item to:

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

For Internal Use

INV ADJ.
REFUND
E-MAIL