

**This sheet must be inside box in order
to process your return. Boxes received
without it will take longer to process**

PEARSOX RETURNS

RETURN AUTHORIZATION NUMBER# _____

Customer #: _____

Customer Name: _____

QUANTITY **STYLE** **SIZE**

REMARKS:

CHECKED IN BY: _____ DATE: _____

All returns are subject to a 20% restocking fee

711 E UNION ST WEST CHESTER PA 19382

PEARSOX PH (800) 776-9787 FAX (866) 732-7769