**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____

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REMARKS:_____

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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**