



RETURN FORM

1) CUSTOMER INFO:

Name: _____ Invoice Receipt # _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____

2) List Item(s) that you are returning:

Returns are accepted for any reason. Must be returned within 30 days from the day order was received.
ANY RETURNS RECEIVED AFTER THIS 30 DAY PERIOD WILL INCUR AN \$8 PER ITEM LATE RETURN FEE THE CREDIT AMOUNT.

Model #	Size	Color	Description	Price	Reason for Return

3) How would you like to handle your Return/Exchange?

Please check one of the following

Refund

May only be applied to original payment method.
 If Credit Card was used please provide to following information:
 Last 4 digits of your credit card: _____
 CVV 3 digit code from the back of your card: _____

Exchange Item

We will need to contact you for full credit card information for additional payments.
 You may need to pay extra for difference in costs of items exchanged
And there is a charge for shipping when sending you the exchanged item(s)

4) New Items Requested For Exchange: (Subject to Availability)

Model #	Size	Color	Description	Price	

5) Please enclose this form in a well-sealed parcel along with the returning item(s)
 You can cut out the below return address and tape it securely to the package.

KOSHER CASUAL
 c/o Sufian
 55 Annabelle Ave.
 Clifton, NJ 07012

KOSHER CASUAL
 Rechov HaUman 4
 North Industrial Zone
 Beit Shemesh Israel 99544