



312-953-2370 Phone

orders@chiprep.com

Return Form - RMA

Date:

Phone:

Name/Id:

Email:

Special Instructions:

● **Detail:**

Item Returned	Size	Color	Qty.	Cost	Order #	Tags On/Unworn
Total				\$		

● **Requested - Check One:**

- Store Credit
- Exchange

Exchange Requested	Size	Color	Qty.	Cost
Total				\$

If additional funds are required for the exchange, we will contact you to add your credit card to the order.
Thank you.
