



Returns

ClickToShopLLC.com  
Returns Department  
2001 County Rd C2 W  
Roseville, MN 555113

Invoice Number: \_\_\_\_\_  
Order Dater: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Costume(s) returning:

- 1) SKU # \_\_\_\_\_ Description: \_\_\_\_\_  
(Located on your invoice)
- 2) SKU # \_\_\_\_\_ Description: \_\_\_\_\_
- 3) SKU # \_\_\_\_\_ Description: \_\_\_\_\_
- 4) SKU # \_\_\_\_\_ Description: \_\_\_\_\_
- 5) SKU # \_\_\_\_\_ Description: \_\_\_\_\_
- 6) SKU # \_\_\_\_\_ Description: \_\_\_\_\_
- 7) SKU # \_\_\_\_\_ Description: \_\_\_\_\_
- 8) SKU # \_\_\_\_\_ Description: \_\_\_\_\_

Reason for return (be as detailed as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In House Use Only:

PM Date: \_\_\_\_\_ Shipping: \_\_\_\_\_  
Checked in by: \_\_\_\_\_ Refund Amount: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_