



GunNook
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RETURNS FORM

Today's Date :

Order No. :

Where Purchased :

Order Date :

Purchaser :

Telephone No. :

Fax No. :

Email :

Address :

Full Part No.	Serial No. (If Applicable)	Refund? YES OR NO	Replace with... INCLUDE SIZE, COLOR ETC.

(For returning or exchanging of more than 6 products please use additional Returns forms.)

Signature of Purchaser :

Please Note: Complete this form and return it along with your return to: Attn: Returns Dept., at the address above.

For Internal Use Only:

Post Marked Date :

Date Received :

Received By :

Remarks: