

RETURN FORM

Name: _____ **Web Order #:** _____

Address: _____

Phone #: _____ **Email:** _____

Returned Item: _____
Reason for Return: Fit <input type="checkbox"/> Damaged <input type="checkbox"/> Didn't Like <input type="checkbox"/> Other <input type="checkbox"/>
Action to Be Taken: Refund <input type="checkbox"/>

Returned Item: _____
Reason for Return: Fit <input type="checkbox"/> Damaged <input type="checkbox"/> Didn't Like <input type="checkbox"/> Other <input type="checkbox"/>
Action to Be Taken: Refund <input type="checkbox"/>

Return To: **Swimwear Anywhere, Inc.**
21 Minisink Avenue
Port Jervis, NY 12771
Attention: Returns Department
(631) 420-1400 ext. 132

Return Policy: **30 Days from the purchase date**