

FROM: _____

SHIP TO: GARMENT SAVER
ATTN: RETURN DEPT
22812 VIA OCTAVO
MISSION VIEJO, CA 92691



Please fill out and include this portion INSIDE the package

1. Item(s) being returned _____
2. Date of purchase (please give approximate if unsure) _____
3. Name of person on credit card billing _____
4. Your email address _____
5. Reason for return
 - Defect. Please describe _____
 - Wrong color / Size
 - Other _____

We regret that your purchase did not meet expectations. For complete return policy please visit us at garmentsaver.com