



Katrinatique Return Form

Date filled out: _____ Return Number: _____ Date Shipment Received: _____

Customer Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Credit Card Visa: _____ Master Card: _____ Amex: _____

Name on Card: _____

Card #: _____

Expir. Date: _____

Sec. Code (3 or 4 digit #): _____

Check if billing address is same as above:

Billing Address if different from above:

Address: _____

City, State, Zip: _____

Item#	Quant.	Item Description	Cost	Total	Reason for Return

For Katrinatique use only:

Reviewed by: _____

Approved by: _____

Amount of Credit Issued: _____

Date: _____

Authorization Number: _____