

RETURNS

Costumes Galore

Returns Department
2080 Lookout Drive
North Mankato, MN 56003

Please complete entire form

EXCHANGES

*Please place a new order first.

New Order Number: _____

Please complete entire form.

Original Order Number: _____

Attach a copy of your email confirmation if available.

Name: _____
(name used on original order)

Address: _____

Email: _____
(email used on original order)

Phone: _____

Costume(s) returning:

1) Item # _____ Description: _____
(located in your email receipt)

2) Item # _____ Description: _____

3) Item # _____ Description: _____

4) Item # _____ Description: _____

5) Item # _____ Description: _____

6) Item # _____ Description: _____

7) Item # _____ Description: _____

8) Item # _____ Description: _____

Reason for return (be as detailed as possible):

In House Use Only:

PM Date: _____ Shipping: _____ Checked in by: _____

Notes: _____

