



www.zuomod.com

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# Return Authorization Form

Sold To:	
Name: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Country: _____	
Phone: _____	Fax: _____
Email: _____	

Method Of Original Payment:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> PayPal <input type="checkbox"/> Check <input type="checkbox"/> M/O
Name on Card: _____
Credit Card Number: _____
Expiry Date: _____
PayPal Email: _____

Original Invoice #: \_\_\_\_\_ or Original Shopping Cart #: \_\_\_\_\_

Copy of Invoice / Shopping Cart Order Included?:    Yes    No

Cart Code	Description	Reason for return

ALL RETURNS MUST  
BE ACOMPANIED BY  
THIS FORM

Explain your request ie: what you want items you want exchanged

Unwanted merchandise may be returned within 30 days from the date of shipment if in unused condition and in original packaging material. There is a 30% restocking fee on all orders. Original shipping and handling and return postage charges will not be refunded. Manufacturer defective merchandise will be exchanged if returned within 30 days from the date of shipment. Refunds will not be issued for used garments or merchandise that is deemed un-sellable. No refunds for Briefs or Underwear garments, items on Sale, Special, or Bargains.

For Office Use Only:	
Received By: _____ Items Condition: _____ Re-Sellable?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Replacement issued: _____ Date Refund Issued: _____	Comments:  Date Material Received: _____