iEDM

RETURN/ EXCHANGE FORM

DATE OF RETURN: _____ IEDM ORDER NUMBER: _____

RETURN OR EXCHANGE *(circle whichever applies)*

 IF FOR A REFUND, LIST THE ITEM/S YOU ARE RETURNING

_____

_____

_____

_____

_____

FOR EXCHANGES, WHICH ITEM (S) AND SIZE ARE YOU EXCHANGING FOR?

_____

_____

_____

_____

_____

ADDITIONAL INSTRUCTIONS:

_____

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