

RETURN INFORMATION FORM (this form **MUST** accompany your return)

NAME _____ **DATE** _____ **RA#** _____

CUSTOMER SERVICE REP NAME _____ **ORDER NUMBER** _____

REASON FOR RETURN _____

ADDITIONAL COMMENTS _____

Fill this form out completely & return with product to:

Go-Go Babyz Returns

9250 W Hills Gate Dr

Star, ID 83669