

RETURN OR EXCHANGE FORM

NO. OF ORDER	
DATE OF ORDER	
DATE OF RETURN	
ITEM RETURNED	
REASON	
CHECK ONE OPTION	l:
I WANT MY MO	
	DNEY TO (BANK ACCOUNT):
I WANT TO FXC	CHANGE THE BOOK
TITLE OF THE BOOK FOR EXCHANGE:	
I HAVE READ TI	HE REGULATION OF THE STORE AND AGREE TO IT'S CONDITIONS