

Return Form



Please complete this form and include with your shipment

Name: _____ Date of return: _____

Email: _____ Contact Phone: _____

Club Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Quantity	Item#	Item Description	Reason for Return

Please include a copy of your invoice or invoice number and date of purchase

Invoice #: _____ Date of Purchase: _____

ITEM(S) BEING RETURNED

Ship items to – Shyda’s Services, Inc., 2360 Colebrook Road, Lebanon, PA 17042

Shyda’s Services, Inc. is NOT responsible for loss or damaged shipments. Package contents should be insured.

For Shyda’s Services, Inc. use:

Date received: _____ Received By: _____

Customer contacted: YES _____ NO _____