

# RETURNS

## Costumes Galore

Returns Department  
2080 Lookout Drive  
North Mankato, MN 56003

Please complete entire form

# EXCHANGES

\*Please place a new order first.

New Order Number: \_\_\_\_\_

Please complete entire form.

Original Order Number: \_\_\_\_\_

Attach a copy of your email confirmation if available.

Name: \_\_\_\_\_

(name used on original order)

Address: \_\_\_\_\_

Email: \_\_\_\_\_

(email used on original order)

Phone: \_\_\_\_\_

### Costume(s) returning:

1) Item # \_\_\_\_\_ Description: \_\_\_\_\_

(located in your email receipt)

2) Item # \_\_\_\_\_ Description: \_\_\_\_\_

3) Item # \_\_\_\_\_ Description: \_\_\_\_\_

4) Item # \_\_\_\_\_ Description: \_\_\_\_\_

5) Item # \_\_\_\_\_ Description: \_\_\_\_\_

6) Item # \_\_\_\_\_ Description: \_\_\_\_\_

7) Item # \_\_\_\_\_ Description: \_\_\_\_\_

8) Item # \_\_\_\_\_ Description: \_\_\_\_\_

### Reason for return (be as detailed as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### In House Use Only:

PM Date: \_\_\_\_\_ Shipping: \_\_\_\_\_ Checked in by: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_