Return Form:

PLEASE DO NOT ST.		RN WITHOU ESENTATIV		TACTING A BUILT TO LAST	
From:	Receipt Number:				
Address:	ss:City:				
State: Z	ip Code:	P	hone Nur	mber:	
Email:		Ci	rcle: Retu	urn / Exchange / Defect	
Items Returned:			-		
Item:	Color:	Quantity:	Cost:	Reason for Return/Exchange:	
For more room, please atta	ach a separate s	sheet.			
-	-				
Amount to be returned: \$_					
Signature:				Date:	
Please enclose this form in Return to:					
Built to Last:					
c/o Return 417-H Caratoke Hwy					
Moyock, NC 27958					
Office Use Only:					
Date Received:		Sale	Salesperson:		
Customer Refunded:			Issue Date:		
Inventory:					