

Date:	
RA#	
Customer #	

# Return Authorization Form

<b>Name:</b>						
<b>Address:</b>			<b>State:</b>		<b>Zip:</b>	
<b>Daytime Phone:</b>			<b>Cell Phone:</b>			

**Items Being Returned:**

Qty	Description: (Please include item number if applicable)

**Reason for return: Please check one**

<input type="checkbox"/>	I ordered the wrong item			
<input type="checkbox"/>	Wrong size / color			
<input type="checkbox"/>	Product was clearly damaged during shipment			
<input type="checkbox"/>	Product was defective			
<input type="checkbox"/>	I changed my mind			
<input type="checkbox"/>	Wrong item shipped			
<input type="checkbox"/>	The product did not fit the customers expectations			
<input type="checkbox"/>	Product did not meet description on the website			
<b>Signature:</b>			<b>Date:</b>	

**CUSTOMER IS RESPONSIBLE FOR RETURN SHIPPING COSTS**

Please detach and adhere to return package:

<p>_____</p> <p>_____</p> <p>_____</p>	<p>Return To:</p> <p><b>The Horizon Outlet</b></p> <p>P.O. Box 1275</p> <p>Indiana, PA 15701</p>
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