

EGLAF

Customer Details:

Full Name *

First Name

Last Name

Address *

Street Address

Street Address 2

City

State/ Province

Postcode

Phone Number *

E-mail Address *

	Design	Color	Size
Item Purchased			
Item Exchange			

Kindly fill in the following details for item purchased and item you want to exchange. *

Suggestions if any for further improvement:

Kindly attach this form with the item in the parcel *