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RETURNS FORM

Today's Date:

Order No.:

Where Purchased:

Order Date:

Purchaser:

Telephone No.:

Fax No.:

Email:

Address:

Full Part No.	Serial No. (If Applicable)	Refund? YES OR NO	Replace with... INCLUDE SIZE, COLOR ETC.	Reason for return:

(For returning or exchanging of more than 6 products please use additional Returns forms.)

Signature of Purchaser:

Please Note: Complete this form and return it along with your return to: Attn: Returns Dept., at the address above.

For Internal Use Only:

Post Marked Date:

Date Received:

Received By:

Remarks: