



EVELYN ALEX CUSTOMER RETURN/EXCHANGE FORM

Please include this form with your merchandise

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Suite 192
Wallingford, CT 06492

info@evelynalex.com
evelynalex.com

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

RETURNS

Please complete and include with your return. Don't forget the original packing slip.

Item No.	Color	Size	Item Name	Price	Reason for return

EXCHANGES

Please complete and include with your return. Don't forget the original packing slip.

Item No.	Color	Size	Item Name	Price	New item you wish to receive in exchange