

## **RETURNS FORM**

please complete your details

OKDEK NOMBEK					
RST NAME	LAST NAME				
DDRESS					
		POSTCO	DDE		
OBILE PHONE					
MAIL ADDRESS					
	-1-11-				
lease complete your de <b>TEM CODE</b>	COLOUR	SIZE	QUANTITY	REASON	
EM CODE	COLOUR	SIZE	QUANTITY	REASON	

## PLEASE SEND ALL RETURNT TO:

BERROSE ACTIVEWEAR
7061 West commercial Boulevard Suite 5L
Tamarac, Florida 33319