

# Return Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Invoice/Order Number: \_\_\_\_\_

You may cut on the dotted line and tape this to the outside of a separate return box. Do not use the product box itself. Please include top portion inside of the box.

-----Cut Here-----

# FontaniniStore.com

912 Madison Ave.

Howards Grove, WI 53083

Attn: Return Department