



LIKEGRAVITYSHOP.com

Like Gravity Shop
969A Industrial Rd | San Carlos, CA 94070
p 800.359.7995 | e jkaufman@klp.com

RETURN MERCHANDISE AUTHORIZATION FORM

Please complete and include this form with your return shipment. Returns must be received within 30 days from your original order date.

ORDER #: _____

FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PREFERRED FORM OF CONTACT: _____

Phone No. or Email Address used for return communication only

ITEM #1: _____

REASON FOR RETURN:

- | | |
|--|--|
| <input type="checkbox"/> Wrong size ordered | <input type="checkbox"/> Wrong merchandise received |
| <input type="checkbox"/> Didn't like the color | <input type="checkbox"/> Item was damaged/defective (please explain):
_____ |
| <input type="checkbox"/> Unsatisfied with fit | <input type="checkbox"/> Other (please explain):
_____ |
| <input type="checkbox"/> Changed mind/do not need | |
| <input type="checkbox"/> Wrong merchandise ordered | |

ITEM #2: _____

REASON FOR RETURN:

- | | |
|--|--|
| <input type="checkbox"/> Wrong size ordered | <input type="checkbox"/> Wrong merchandise received |
| <input type="checkbox"/> Didn't like the color | <input type="checkbox"/> Item was damaged/defective (please explain):
_____ |
| <input type="checkbox"/> Unsatisfied with fit | <input type="checkbox"/> Other (please explain):
_____ |
| <input type="checkbox"/> Changed mind/do not need | |
| <input type="checkbox"/> Wrong merchandise ordered | |

PLEASE RETURN MERCHANDISE ALONG WITH THIS FORM TO:

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Allow 14 business days for us to process your return and 1-2 billing cycles for the refund to appear on your bank/credit card statement.