

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-----

FontaniniGifts.com

912 Madison Ave.

Howards Grove, WI 53083

Attn: Return Department