

## **RETURN FORM**

This paper must be printed and filled out in your package that is being returned. If you are unable to print this, please follow the form and write it out.

### **NAME ON ORDER, ADDRESS, PHONE NUMBER & EMAIL:**

Name:

Address:

Phone Number:

Email:

### **DETAILED REASON FOR RETURN:**

### **ORDER NUMBER:**

### **DATE THE ORDER WAS PLACED:**

### **DATE THE PACKAGE WAS DELIVERED TO YOU:**

- Please keep in mind packages delivered over 14 calendar days ago are unable to be returned.

### **FORM OF REFUND PREFERRED (CHECK ONE):**

☐ Refund with 5% fee deducted

**OR**

☐ Full store credit in the form of a gift card

If you have read over the above information and your item is eligible to be returned ship your item/items to:

**MILK MONSTER LLC**  
**1095 WILL SCARLET WAY**  
**MACON, GA 31220**

Customer name and order number must be included with your return package. (Please print and fill out form located under our return policy)