

# ECKSAND

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## Return Merchandise Authorization Form

Full name: \_\_\_\_\_ Invoice #: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please check the box that best suits your situation

Resize

Warranty  
claim

Exchange

Refund

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a printed copy with your shipment as well as an  
emailed copy of your completed form to [sales@ecksand.com](mailto:sales@ecksand.com)