

# Merchandise Return Form

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Order Number \_\_\_\_\_ Today's Date \_\_\_\_\_

## Your Contact Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

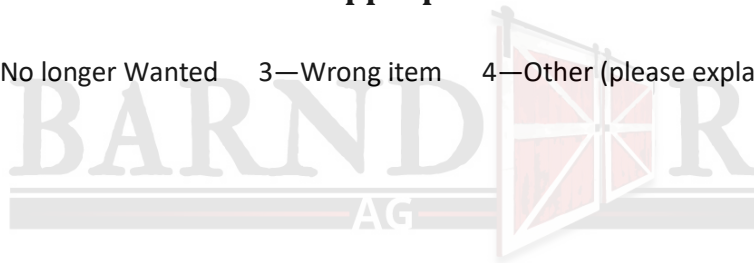
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number (optional) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

## Reason for Return - Please mark all appropriate answers

1—Warranty    2— No longer Wanted    3—Wrong item    4—Other (please explain below)



## What resolution would you prefer?

1—Store Credit                      2— Refund to credit card (restocking fee may apply)

**From**

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**To**

BDA Returns  
1015 N HIGHWAY 65  
MARSHALL, MO 65340