Mail to:
Perfect Edge
52405 Blue Ridge
Shelby Township ,MI 48316

Please Print the name, address, zip code **exactly** as it appears on the credit card that was used to charge the purchase.

Invoice#:_____
Name:_____
Address:_____
City:_____**State**_____
Country:_____**Zip:**_____
Daytime Tele:_____
E-Mail:_____

Return Authorization #_____

* To help us improve our service, please circle your **Reason for Return**

A. Wrong merchandise ordered
B. Wrong merchandise sent
C. Did not order
D. Cancelled but received
E. Duplicate shipment
F. Not what expected
G. Defective
H. Arrived damaged
I. Not applicable to your needs
J. Other_____
_____

Returned Item #	Description	Price

Exchange for Item #	Description	Price

Please fill in the credit card you wish to use for additional items or for difference in price of exchanged item(s).

Exp _____ **Day Tel:** _____
Signature_____