



Cookie

63 East 11400 South - Box 163
Sandy, UT 84070 USA

COMPOSITES

V: 801 987 3055 - FH: 801 948 4046 - FLYCOOKIE.COM

RETURN MERCHANDISE AUTHORIZATION



Please complete this form and include a copy inside the shipment. Retain a copy for your records.
Return shipments should be made to the above address.

Service requests require one to two weeks processing upon receipt.

1 CUSTOMER INFORMATION

BILLING ADDRESS BILLING & SHIPPING ADDRESS ARE THE SAME

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: **REQUIRED** (____) _____

E-Mail: **REQUIRED** _____

SHIPPING ADDRESS

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Phone: (____) _____

Special Delivery Instructions: _____

2 PRODUCT DESCRIPTION CHOOSE THE PRODUCT REQUIRING SERVICE

G4



COLOR: _____

SIZE: _____

G35



COLOR: _____

SIZE: _____

M3



COLOR: _____

SIZE: _____


FUEL



COLOR: _____

SIZE: _____

OTHER



COLOR: _____

SIZE: _____

3 SERVICE REQUEST CHOOSE ONE OF THE FOLLOWING SERVICES

SIZE EXCHANGE Cookie Composites can exchange helmet sizes for customers desiring a better fit. All goods must be returned unused and in new condition. Please include all original packaging and accessories. Return shipping fees apply.

OTHER (PLEASE EXPLAIN)

DESIRED SIZE

DESIRED SIZE

4 PAYMENT INFORMATION/AUTHORIZATION

CARD TYPE
CHECK ONE

VISA

MASTERCARD

EXP DATE: ____ / ____ CVV Code: ____

CARD NUMBER: _____

Name On Card: _____

SIGNATURE