



RETURN AUTHORIZATION REQUEST FORM

ORDER #: _____ **ORDER DATE:** _____

NAME: _____

BILLING ADDRESS: _____ **SHIPPING ADDRESS:** Same as Billing

PHONE: _____ **EMAIL:** _____

WHAT ARE YOU REQUESTING? (please check one)

Exchange

Replacement

Refund

Returns are credited in the original form of payment. For replacements, you will receive the same item in the event of a defect. Please visit Oventure.com/CustomerCare for more information on the return policy.

REASON FOR RETURN: _____

ITEM NAME AND COLOR: _____

ADDITIONAL INFORMATION: _____

Please print this form and return with your item/items to the following address:

O-VENTURE
6106 Prestonshire Lane
Dallas, TX 75225