

eGALLERi Request Form

Make sure to include the original shipping receipt.

Date	Customer Name		
Home Phone	Cell Phone		Email Address
Address (Must be a	street Address. Items cannot	be returned to a	P.O. Box)
City/State			ZIP Code
PRODUCT INFOI	RMATION		
Type of Product or	Style Name	Color	
Item Number from	Invoice (If Available):		
PLEASE DESCRIB	SE WHY YOU ARE RETURN	IING THIS ITEM	1
_			
	DIFACE	CENID TO:	

eGALLERi | ATTN: Repair Needed | 3948 Market Street | Minneapolis, MN 55424

We suggest that you send your item(s) to us via an insured, traceable means such as UPS, USPO or FedEx. If you have questions, do not hesitate to contact us by phone or email. Once we receive your returned item, we will issue the refund to your original payment method within 3 business days. If you ship the item(s) back without this Request Form and/or notifying us about the eGALLERi return, your refund may take up to 3 weeks after receiving the package.

