



## RETURN PRODUCT SERVICE SHEET

DATE	
ORDER N°	
INVOICE N°	

NAME, FIRST-NAME	
ADDRESS	
ZIP CODE	
CITY - STATE	
TEL.	
EMAIL	

<b>CONCERNED GOODS</b>
------------------------

<b>REASON FOR RETURN</b>
--------------------------

**SLECT YOUR OPTION:**

  
  

- PRODUCT EXCHANGE
- REFUND ( DURING 14 DAYS RETURN PERIOD)
- PRODUCT ERROR

**SIGNATURE :**

**JOIN A COPY OF INITIAL INVOICE AND SEND TO :**

- OMLOG USA INC/JUNE7.2 RETURN SERVICE  
1000 CASTLE ROAD  
Secaucus, NJ 07094  
Main Office Number: (201) 552-7208