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## Form valid only in the United States

## Item Return Form

THIS PRODUCT SHOULD BE CAREFULLY PACKAGED IN THE ORIGINAL BOX OR OTHER PACKING MATERIALS SUFFICIENT TO AVOID DAMAGE DURING SHIPPING.

\* PLEASE INCLUDE PROOF OF DATE OF PURCHASE; FOR EXAMPLE, COPY OF RECEIPT OR STATEMENT WITH DATE OF PURCHASE SHOWING First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Physical Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ **Telephone Number:** E-Mail Address: Name of Ride-on/ Dance Maker: Item Number of Ride-On/ Dance Maker: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ Place of Purchase: \_\_\_\_\_ Description of Problem: