

Return Slip

Organization ID#:

Organization Name:

Customer Return Name:

Phone Number:

Email:

Number of items being returned:

Order Number:

Student Name:

Order Type: ONLINE - ship to home ☐ ONLINE- ship to school ☐ PAPER ORDER ☐

Payment Type: Credit/VisDebit ☐ PayPal ☐ Direct to organization ☐

Reason for return:

Need Help?

CUSTOMERSERVICE@DFSCANADA.COM