

CSI Saddlepads



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RETURN/EXCHANGE/REPAIR FORM

**REFUNDS AND EXCHANGES MUST BE
MADE WITHIN 30 DAYS OF PURCHASE**

DATE OF INVOICE		INVOICE NUMBER			
Name					
Address					
City					
State					
Zip Code					
Phone #					
Email					

IF YOU BOUGHT YOUR PAD/LINER FROM A DEALER PLEASE LIST NAME & ADDRESS

NAME					
ADDRESS					
PHONE #					
REASON FOR RETURN	Defective, Incorrect Size, Style, did not like, etc.				

PLEASE COMPLETE IF YOU HAVE A REPAIR NEEDED TO YOUR SADDLEPAD

Please describe in detail the repair needed: