

Shipping Form

Ship To:

**Luggage Doctors
@ Portland Luggage
440 SW 4th Ave.
Portland, OR 97204**



.....Cut

Please cut and place this section inside the parcel

Return Address:

Name: _____

Street # / Address: _____

City: _____

State: _____

Zip Code: _____

Phone # _____

Email: _____

Description of the product failure:

