Please send your item to:

Evolv, LLC
P O Box 1715
Ashtabula, OH 44005

Return Merchandise Authorization Form

Name: _____ Date: _____

Shipping Address 1: _____

Shipping Address 2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

In order to help us identify the problem, please provide a detailed explanation of why you are returning the item(s).

_____

_____

_____

_____

Internal Office Use:

Item: _____ Quantity: _____

Date Received: _____

Date Returned: _____

Logged: _____

Notes: _____

_____