

Defective Goods Exchange Request Form

Full Name	<input type="text"/>		
Email Address	<input type="text"/>		
Phone Number	<input type="text"/>		
Order Number	<input type="text"/>		
Product Name/Model	<input type="text"/>	Purchase Date	<input type="text"/>
Description	<input type="text"/>		
of Defect	<input type="text"/>	Reason for Exchange	<input type="text"/>
Attach Photo (if any)	<div><div>Choose File</div><div>No file selected</div></div>		