



Exchange Request Form

Date: _____

Customer Name: _____ Order#: _____

ALL PRODUCT EXCHANGES MUST BE IN RESALABLE/UNUSED CONDITION

What are you Exchanging?

Reason for Exchange?

What are you Exchanging your item(s) for?

Exchange Shipping Label Address: ***CUSTOMER IS RESPONSIBLE FOR SHIPPING CHARGES UNLESS OTHERWISE STATED***

Customer Name		
Address		
City	State	Zip

ALL SHIPPING CHARGES ARE NON-REFUNDABLE

For Office Use ONLY	Exchange Approved?	Product Exchange Inspection Approved by: _____ Technician
	YES <input type="checkbox"/>	Approved for Processing by: _____ Operations Manager
	NO <input type="checkbox"/>	If not approved, explain: _____

Date Received: _____ Date Processed: _____ Exchange Processed by: _____