



## Exchange Request Form

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Order#: \_\_\_\_\_

**\*ALL PRODUCT EXCHANGES MUST BE IN RESALABLE/UNUSED CONDITION UNLESS OTHERWISE STATED\***

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: \_\_\_\_\_