

Return & Exchange Form

| Order #: | | | Account #: | | | | |
|---|---------------------|-----------------------|-------------------|-------------|---------------------|---|---|
| | | CUSTOMER | INFORMATIO | N | | | |
| Agency/Organization: | | | Contact Name: | | | | |
| Shipping Address: _ | | | | | | | _ |
| City: | | | | | | | _ |
| hone: Fax: | | эх: | Email: | | | | _ |
| | | RETURN & EXCH | ANGE INFORM | IATION | | | |
| Quantity S | ther, Explain Here | Product Name | Price | Reason | Action | Reasons: A. Product Functions B. Received C. Wrong P D. Sizing Iss E. Missing I F. Not Wha G. Wrong C H. Other (E Below) Actions: A. Return B. Refund C. Repair D. Exchang | Damaged roduct roduct rue tems t Expected Order xplain |
| If Making Exch | ange, Please List I | tems You Wish in Excl | nange Below (If C | ost is More | , You Can L | Jse This Form | to Pay) |
| If Making Exchange, Please List Items You Wish in Exchange Below (If Cost is Mo | | | | | Size/ Other Options | | |
| | | | | | | | |
| | | | | Refund | | Requested tional Items | |

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*Please note that you are only required to complete the Payment Information Section if you added additional items to your Return/Exchange that cost additional. The "Total" shown on the previous page is the amount that will be charged.

| PAYMENT INFORMATION | | | | | | | |
|--|------------------|----------------------------------|--|--|--|--|--|
| I wish to pay by \square Credit Card (Enclosed) \square Purchase Order (Enclosed) \square Check (Enclosed) | | | | | | | |
| Name on Card: | | | | | | | |
| Card Holder Billing Address: | | | | | | | |
| City: | State: | Zip Code: | | | | | |
| Card Type: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover | | | | | | | |
| Card Number: | Expiration Date: | Card CVV (3 Digit Code on Back): | | | | | |
| By signing below, you authorize Northeast Sign & Service, Inc. to charge your credit card immediately for any amount up to the "Total" listed above on Page 1. | | | | | | | |
| Cardholder Signature: | | Date: | | | | | |
| AGREEMENT | | | | | | | |
| I, the Undersigned agree that I am responsible for the costs associated with returning a product purchase through HiVis365.com to Northeast Sign & Service, Inc. (the Parent Company of "HiVis365.com"). I agree that I am responsible for insuring the shipment and that I will send the return shipment using a traceable shipping method. I understand that the product that I returned must be in the original condition, in the original packaging, and must not display signs of wear and otherwise may be denied return and/or exchange. I agree that I have read and understood the Return Policy found on HiVis365.com/pages/return-policy and I agree that my return request meets the requirements found on HiVis365.com/pages/return-policy. | | | | | | | |
| Returns and Exchanges are only accepted within 30 days that the goods are received. | | | | | | | |
| Signature: | Date: | | | | | | |