



Product Replacement/Warranty Request

Please complete this form and mail product back to:

My Soxy Feet
ATTN: Returns
PO Box 953363
Lake Mary, FL 32795

***It is recommended that you use a tracking service.**

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ - _____

Email: _____

Where was this item purchased? _____

Please describe the problem with this item:

If item is not covered by warranty, would you like it returned to you? Yes No

How would you like the return to be processed? Exchange Store Credit

****Improper care of socks (including not following washing instructions) and accidents are not covered by our warranty. Please allow us 5-7 business days upon receiving to verify your request.***

Please attach a proof of purchase to this form. If you do not have a proof of purchase, please contact us so we can assist you in locating it.