



15 Old Town Square
Suite 132
Fort Collins, CO 80524

RETURNS & EXCHANGES

CHECK ONE:

Exchange

Store Credit

Refund

BILLING/SHIPPING INFO

Customer Name: _____

Order #: _____ Order Date: _____

Contact Name: _____

Email: _____

Phone: _____

Bill To (If Ordering New Items):

Ship To:

PRODUCT INFORMATION

Item(s) Being Returned:

Size:

Reason For Return:

1. _____
2. _____
3. _____

If Exchanging, please list replacement(s) below:

1. _____
2. _____
3. _____

ADDITIONAL NOTES:

FILL OUT BELOW SECTION ONLY IF YOU ARE EXCHANGING FOR ITEMS OF HIGHER VALUE THAN ORIGINAL ORDER (OR IF ADDING NEW ITEMS TO ORDER).

Cardholder Name: _____ Type (circle one): VISA / MC / AMEX

Card #: _____ Expiration: _____

Signature: _____ Date: _____