

ORDER #:

Return to: ATTN: RETURN/EXCHANGE DEPT 13132 DAVENPORT ST **OMAHA, NE 68154**

RETURN & EXCHANGE FORM

Form must be filled out completely to ensure your request is processed correctly & without delay. Merchandise must be returned within 30 days of purchase, returned in box or bubble envelope. Shipping label will be obtained from your respective courier of choice, ship in a method you can track and insure. We are not responsible for items lost or damaged in transit.

*Order #'s with PND are not orders from our websites. Refer back to your order confirmation email for more information.

NAME:

PHONE #:		EMAIL:	
*Best daytime contact #			
NOT VALID ON SALE NON ELIGIBLE RE		E / RETIRED / DISO BE SENT BACK AT	
RETURNED ITEM	REASON CODE	REFUND/EXCHANGE	NEW ITEM STYLE # / SIZE
*See terms & agreements for warranty coverages shipped back as is at your expense. PROCE SHIPPING *REQUIRED \$4.49 - USPS First Class Mail averages 3	ED IF PROC	ESSING AN EXCH	ANGE
PAYMENT *REQUIRED (SHIPPING + ADDITIONAL COSTS *IF ANY)		S	SHIP MY EXCHANGE TO:
PAY NOW WITH CREDIT CARD			
CREDIT CARD #:			
EXPIRATION:/	CCV:		
SEND INVOICE FOR PAYPAL & OTHER EMAIL INVOICE TO:	PAYMENT OPTIO	NS —	