PRODUCT EXCHANGE FORM

Complete the form below and enclose with a copy of your order and merchandise

you would like to ex	(cnange:		
Order#:			
Customer Name	::		•
Email account:			ı
-			'



1. Which item(s) would you like to exchange?

Item Sku (Style, Size, Color)	Qty.	Reason for Return	Price

*Please use back if needed

2.	What Item(s) would you	ı like to	exchange	them f	or?
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Item Sku (Style, Size, Color)	Qty.	Price	Total

'Please use back if needed.

3. Fill out payment infecceeds return:	o if Exchange amoun	t
Charge my: Visa	MasterCard A	mEx Discove
	C	redit Card Number
	Expiration Date	CCV code
(Please accept my signature	e above as authorization to charge my cro	editcard} Signature

'Please use backifneeded.

4. Mail your package back to WaistShaperz.com within 7 days of our shipment date to:

> WaistShaperz.com **Attn: Returns**

Additional Comments:

385 W. John Street Suite 202 Hicksville, NY 11801

All exchanges are subject to quality approval and inspection at our warehouse personnel. Please take extra care to inspect and test all returned items to ensure these requirements:

Unworn

Unused

Unstained

Unwashed

All tags attached

No smells other than natural product orders

No animal or pet hair

No stretch marks or permanent wrinkles on items with latex

Original packaging

Within 7 days of the date you received your initial purchase

EASY EXCHANGES

Your package is received at our warehouse by the receiving department and is then sorted within two business days of being received.

Our exchanges department processes the request within 7 business days of the package being received. Exchanges are forwarded to the Shipping department for Inventory processing, which is completed within 14 business days.