

PRE-AUTHORIZED RETURN/EXCHANGE FORM

I AM RETURNING THE ENCLOSED BOOTS / Devuelvo las botas:

Style /# Modelo _____ Width / Ancho _____ Size / Tamaño _____

PLEASE CHECK ONE/ Por favor, indique uno:

1. _____ EXCHANGE my returned boots for the following: Style # _____ Width _____ Size _____
_____ CAMBIE los botas devueltos por lo siguiente: # Modelo _____ Ancho _____ Tamaño _____

My reason for requesting an exchange: _____ Did not like _____ Wrong size _____ Defective _____ Other _____
(Boots can only be exchanged for the same style or a style with the same or lesser value. If more expensive, a refund will be issued)

(OR)

2. _____ REFUND*: _____ Did not like _____ Wrong size _____ Defective _____ Other _____
_____ DEVOLUCION*: _____ No me gustaron _____ Tamano equivocado _____ Defecto _____ Otra _____

* Shipping and handling charges not refunded.

* No Hacemos Devoluciones por el envío.

If the following information is not filled out completely, we will be unable to process the refund or exchange (Please Print)
(Para tener la seguridad de un cambio o devolucion rapido, por favor, escriba toda la informacion siguiente en letra de molde!)

My BOOTS were bought through: Company payroll deduction (OR) I prepaid with _____ Credit Card
Mi BOTAS Fueron comprado por: Deduction de pago (O) Yo pague con _____ Tarjeta de credito

INVOICE DATE / Fecha de factura _____ INVOICE NUMBER / Numero de Factura _____

***IF ORDERED BY PAYROLL DEDUCTION OR A CORPORATE ACCOUNT, PLEASE PRINT THE FOLLOWING INFORMATION:
(Por favor, escriba la informacion siguiente en letra de molde)***

EMPLOYEE'S NAME / Nombre del Empleado _____

SOCIAL SECURITY NUMBER / Numero de Seguro Social (for payroll deduction) _____-_____-_____

COMPANY / Compania _____ STORE/UNIT Number / Unidad _____

STORE ADDRESS / Direccion de la Compania _____ CITY / Ciudad _____

ST / Estado _____ ZIP /Codigo Postal _____ WORK PHONE / Telefono de trabajo (_____) _____-_____

IMPORTANT - Cut out the label below and tape to outside of return package.

FROM:

Your name / Nombre _____

Company / Compania _____

Address _____

City _____ ST _____ Zip _____

TO: SKIPSBOOTS.COM
ATTN: Returns Department
1900 W. International Spdwy Blvd #400
Daytona Beach, FL 32114

VERY IMPORTANT!

1. WE WILL BE UNABLE TO PROCESS YOUR EXCHANGE / REFUND REQUEST UNLESS THIS FORM IS COMPLETELY FILLED OUT AND INSIDE THE BOX WITH THE BOOTS.

2. PLEASE RETURN BOOTS PRE-PAID. We cannot accept COLLECT / COD returns. KEEP RECEIPTS IN CASE PACKAGE IS LOST! Por favor, devuelva sus botas UPS o Parcel Post, No CODs!

30-DAY WEAR & COMPARE GUARANTEE:
If you are not completely happy with your BOOTS for any reason, you may return them at your cost within 30 days for an exchange or refund.