



RETURN/EXCHANGE FORM

Please fill out the form below and enclose it with your item(s) in the original product package.
Please note that we cannot refund or exchange items not in their original condition.

1. Personal Information (Required, Please Print)

Name on Original Order _____ Phone # _____
Name & Address (where product was shipped): _____
_____ Date Returned: _____

2. Return Merchandise Information

Item Name or Stock #	Size/Width	Color	Reason Code

01 Too Small	02 Too Big
03 Too Narrow	04 Too Wide
05 Received Wrong Item	06 Damaged
07 Not as Described	08 Did not Arrive on Time
09 Ordered Wrong Item	10 Other _____

3. What do you want us to do with your return?

_____ Refund my credit card (skip step 4)
_____ Exchange for another pair

4. Indicate your EXCHANGE request

Item Name or Stock #	Size/Width	Color	Reason Code

5. Did you receive product(s) as a gift? ____yes ____no

If yes, please provide the name of the original order and /or confirmation #

6. Additional comments:

Questions? Call our Customer Service Department at (866) 393-9291 or email us at
returns@therafitshoe.com

M-F 10:00am-4:00pm Eastern time.

Send your Return/Exchange to: Therafit Returns 1578 NW 165th Street, Miami, FL 33169