exchange form



Date	_ Customer Name	
Original Order Number	Shipping Address	
	CityStateZip	
	Phone	
	Email	
	current catalog item and within 30 days of the original shipping date	e)
Reason for Return: Wrong Item Ordered Changed M		
☐ Wrong Item Shipped ☐ Overage		
Item Number Product Descripti	tion and Return Explanation Quantity Price 1	otal
		•
		<u> </u>
Merchandise Replacement		
	duct Description Quantity Price 1	-otal
	a returned If the Product Total	•
Exchange item must be of equal or greater value than item	Treturned. If the	•
exchange item is of greater value, please indicate method of and include payment to cover additional cost, plus applicab	or payment below	•
, , , , , , , , , , , , , , , , , , ,		•
	Iuse Studio Exchange Department 2 Runnymede Rd aston Salem NC 27104	
Method of Payment Uvisa MasterCard Other		
Card Number	Expiration /	
Name on Card_	CVV	
Billing Address (if different from above)		
Signature		