



RETURN/EXCHANGE REQUEST

Please include this form with your item(s) for return or exchange. If you have any questions, please contact us at (336) 793-1011.

Order #: _____

Order Date: _____

Original Purchaser's Billing Info

Send Exchange or Return to (if different):

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

E-Mail: _____

E-Mail: _____

Return/Exchange Info

Item(s) to be Returned/Exchanged

Style #	Description	Color	Size	Qty	Ret/Exch?	Reason	Date Received

For any billing needs, we will contact you via e-mail or phone using the information above.

If the original purchase was paid for by credit card, the credit card will be credited for the returned item(s) upon receipt by Sport Science. The credit card will be charged for the replacement item(s) when shipped.

Authorized Signature

Print Name

Date

Please fill out form completely and include with items being returned to:

**Sport Science Returns
PO Box 17451
Winston-Salem, NC 27116**