



Warranty Return Form

Please complete this form and return with the product to:

Feetures!
Attn: Warranty Returns
1210 25th Street Place SE
Hickory, NC 28602

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Time and Place socks were purchased: _____

Please describe the issue you are having with the product: _____

Additional Comments or Feedback: _____

Shoe Size: _____ Shoe Width: _____ Would you like Replacement or Refund?

Replacement socks will be shipped by Priority Mail from the USPS.

Please Allow 7-10 business days for processing.

Washing instructions must be followed for product to qualify for warranty replacement.