

Returns + Exchanges Form

Date: _____
 Bill-To Name: _____
 Order Number: _____
 Phone: _____
 Email: _____
 Received Item as Gift yes no

RETURNS

| Item No. | Description | Color | Size | Qty | Price | Return Code |
|----------|-------------|-------|------|------------------|-------|-------------|
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | Returns Subtotal | \$ | |

Return Codes

- 1 Too Big
- 2 Too Small
- 3 Don't like color
- 4 Don't like style
- 5 Ordered multiple size
- 6 Damaged in shipping
- 7 Construction Flaw
- 8 Shipping Error
- 9 Other

EXCHANGES

| Item No. | Description | Color | Size | Qty | Price |
|----------|-------------|-------|------|-------------------|-------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | Exchange Subtotal | \$ |
| | | | | Returns Subtotal | \$ - |
| | | | | Balance | \$ |

(Does not include tax and shipping)

PAYMENT (if exchange value is higher)

Name on credit card: _____
 Credit Card Number: _____
 Expiration Date: _____
 Billing Address 1: _____
 Billing Address 2: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

Shipping Address 1: _____
 Shipping Address 2: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____

Mail to: Returns Dept.
 Feather Baby
 3653 Hayes Rd.
 Baldwinsville, NY 13027