



Item Return/Exchange Form

We want you to be completely satisfied with your purchase. If, for any reason, you should need to return your merchandise, you have the option to make an exchange or receive a full refund less the original shipping and handling, which is non-refundable. We ask that you return the merchandise unworn/unused within 30 days of the shipment date. Please contact us at 800-726-3022 with any questions regarding this process. Shipping and handling charges for returns are non-refundable and are the responsibility of the shopper.

Please provide the following information:

Billing Address:

Name: _____ E-mail: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____ Evening Phone: _____

Shipping Address is the Same as the Billing Address

Shipping Address is **DIFFERENT** than the Billing Address (Please indicate the shipping address on the back of this form.)

Item(s) Being Returned:

Item Description _____ Item# _____ Color _____ Size _____ Price _____

Item Description _____ Item# _____ Color _____ Size _____ Price _____ Item

Description _____ Item# _____ Color _____ Size _____ Price _____

Order Number (or copy of Packing Slip) _____

Reason for Return:

Wrong Size

Wrong Color

Quality

Other (please describe)

Action You Would Like Taken:

Return for Credit

Exchange for Item(s) Indicated Below:

Item Description _____ Item# _____ Color _____ Size _____ Price _____

Item Description _____ Item# _____ Color _____ Size _____ Price _____ Item

Description _____ Item# _____ Color _____ Size _____ Price _____

Method of Payment:

Please be assured that we do not keep credit card numbers on file. If the merchandise ordered in exchange is greater than the value of the merchandise being returned, please indicate the payment method below.

Credit Card:

Visa

Master Card

Discover

American Express

Personal Check or Money Order (Payable to Your Company Collection)

Gift Certificate (Please attach to this form)

Credit Card Number _____ Expiration Date (Month/Year) ____/____

Card Holder's Name _____

Comments: _____

**Please return this completed form along with the carefully repackaged merchandise
via COMAT to:**

**Your Company Collection
ATTN: Returns
1563 E. Dorothy Lane, Ste. 100
Kettering, OH 45429**