

THANK YOU FOR YOUR ORDER

MERCHANDISE RETURN FORM

Our Unconditional Satisfaction Guarantee! If you are not satisfied with your purchase for any reason at any time, we will replace the product, credit your account, or refund the purchase price.

For item(s) being returned to our Returns Processing Center, please follow these steps:

Choose a **Reason For Returning** from the list below. Enter the code in the **Reason Code** column on the front of the packing slip.

Choose an **Action To Be Taken** from the list below. Enter the code in the **Action To Be Taken** column on the front of the packing slip

If the item will be exchanged, please fill in the information for the replacement below.

Detach the top copy of the packing slip and retain it for your records. Enclose the bottom copy with the item(s) you are returning.

Repack the merchandise in the original or similar shipping box. Affix the return shipping label: (ATTACHED BELOW)

If you desire a credit, we will credit your account or credit card used for your original order.

If you have misplaced the return shipping label, please send your package, prepaid, to:

Customer Returns
2525 Lemond Street S.W.
P.O. Box 998
Owatonna, MN 55060-0998

TEAR ALONG PERFORATION AND RETAIN TOP PORTION FOR YOUR RECORDS.

PLEASE INCLUDE THIS PORTION WITH RETURNS/EXCHANGES

REASON FOR RETURNING:

- | | | | |
|---|------------------|----|-----------------------|
| 1 | Changed Mind | 6 | Damaged when received |
| 3 | Order Cancelled | 7 | Wrong items sent |
| 4 | Poor Quality | 18 | Product Shortage |
| 5 | Arrived too late | | |

ACTION TO BE TAKEN:

- | | |
|----|------------------|
| RP | Replace Product |
| EX | Exchange Product |
| CR | Credit Account |
| RF | Refund Account |

May we please have your telephone number and/or e-mail address should we have a question on your order?

Phone: 1 - (____) - ____ - _____ daytime; E-mail: _____

EXCHANGED PRODUCT ORDER FORM

Quantity Ordered	Unit of Measure	Item Number	Description	Unit Price	Total Price

We suggest that you ship returns via Fed Ex Ground / UPS or insured PARCEL POST. Return Shipping Labels are below.

To: CUSTOMER RETURNS
2525 Lemond Street S.W.
PO Box 998
Owatonna, MN 55060-0998

To: CUSTOMER RETURNS
2525 Lemond Street S.W.
PO Box 998
Owatonna, MN 55060-0998

PACKINGLIST

THIS IS NOT A BILL
(INVOICE TO FOLLOW)

S
O
L
D
T
O

S
H
I
P
T
O

Order Number

Order Date

Cust. Acct. No.

Customer P.O. Number

Ship Date

Page

Quantity
Ordered

Unit of
Measure

Item Number

Description

Quantity
Shipped

Quantity
Backordered

Unit Price

Total Price

Items listed in the **Backordered** column are temporarily out of stock

Expect delivery in two weeks. **Thank You**

S
O
L
D
T
O

S
H
I
P
T
O

Acct. #

Order #

P.O. #

Quantity
Ordered

Unit of
Measure

Item Number

Description

Quantity
Shipped

Quantity
Returned

Reason Code

Action Code