



# RETURN EXCHANGE FORM

Order Number: \_\_\_\_\_ Order Date: \_\_\_\_\_

Customer Name (Name of Original Purchaser): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Straight Return:** If you received free shipping, we will deduct our actual shipping cost for the item(s) returned and refund you via the way you paid.

**Store Credit:** You will receive the FULL purchase price as store credit. We will not retain any shipping costs. We will email you a voucher code.

**Exchange:** The FULL purchase price will be applied to the item(s) you are exchanging for. Write your replacement items in the table and include substitutes (or note that you would prefer store credit) in case your choices are unavailable at the time of processing. If there is a balance due for your exchanged item(s), please provide the credit card you would like us to charge:

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**In a Hurry? Place your new order (of equal or greater value than your return) online now, then return your current order for a FULL refund via the way you paid. New Order Number:** \_\_\_\_\_

All Returned Items must be in unwashed, resellable condition with original packaging intact and be postmarked within 30 days of purchase.

Reason for Return/Exchange: \_\_\_\_\_

### Returned Item(s):

Item	Color/Print/Closure	Size	Qty

### Replacement Item(s):

Item	Color/Print/Closure	Size	Qty

Substitutes if Needed: \_\_\_\_\_  **Store Credit if Unavailable**

Ship To: Best Bottom Diapers, 215 Industrial Drive, New Glarus, WI 53574 info@bestbottomdiapers.com

OFFICE USE ONLY			
Postmark: _____	Shipping \$: _____	Refund \$: _____	Code: _____
<input type="checkbox"/> SE	<input type="checkbox"/> Email	<input type="checkbox"/> Rewards	<input type="checkbox"/> Exchange Shipped
Processed Date: _____		Initials: _____	