

RETURN AUTHORIZATION FORM

Please fill this form out completely!

Sold To:	
Name: _____	
Address: _____	
City: _____	
State: _____	Zip: _____
Country: _____	
Phone: _____	Fax: _____
Email: _____	

Method Of Original Payment:
__ Visa __ MasterCard __ PayPal __ Check __ M/O
Name on Card: _____
Credit Card #: _____
Expiry Date: _____
PayPal Email: _____

Invoice Number: _____

Order Number: _____

 Copy of Invoice Included?: Yes No

Product Code	Description

Explain your reason for your Return ie: what you need - items you want exchanged etc.

Merchandise may be returned within 90 days from the date of order in original packaging material.

There is a 15% administration fee on all refunds. No fees for exchanges.

Original shipping and handling and return postage charges will not be refunded. Manufacturer defective merchandise will be exchanged if returned within 90 days from the date of order. No refunds for Manufactured Seconds, Discounted or Bargain items.

For Office Use Only:	** US & INTERNATIONAL CUSTOMERS **	
Received By: _____	=====	
Condition: _____	DO NOT SEND PACKAGE BACK BY UPS COURIER SERVICES.	
Re-Sellable?: <input type="checkbox"/> Yes <input type="checkbox"/> No	=====	
Date Material Received: _____	To avoid additional fees, return your package by REGULAR PARCEL POST to: TherapySocks.com, Attn: Returns Department, 2225 - 21331 Gordon Way, Richmond, BC V6W 1J9 Canada	You will need the USPS Postal Service Customs Declaration Green or White sticker (supplied by your postal outlet). Include the following: a.. Write "CANADIAN GOODS BEING RETURNED" in the description box. b.. Customs Value = \$0.00
Date Replacement issued: _____		
Date Refund Issued: _____		
Comments: _____		

All returns **MUST** be accompanied by this form.