Include return form and copy of original invoice in package

Reason for return _____

Name _____ Phone # (_____) _____

Address _____

Please indicate: ☐ **Exchange** ☐ **Refund**

If you are exchanging within 90 days of purchase, please indicate which style to send:

Style # _____ Style Name _____

Power (if applicable) _____ Size (if applicable) _____

Affix return label to package

FROM _____

_____

_____

POSTAGE DUE COMPUTED BY DELIVERY UNIT

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

FIRST-CLASS MAIL

POSTAGE: _____

MERCHANDISE RETURN LABEL

PERMIT NO. 131001
RETURNS DEPT

SMITHFIELD RI 02917
500 GEORGE WASHINGTON HWY

POSTAGE DUE UNIT
US POSTAL SERVICE
24 CORLISS ST
PROVIDENCE RI 02904-9997