

This is a: Return Exchange

ORDER NO. _____
RETURN SHIPPING LABEL

**RETURN
SHIPPING
LABEL** 



VectorWear
ATTN: CUSTOMER SERVICE
P.O. Box 540
San German, P.R. 00683

MERCHANDISE RETURN FORM

TO REPORT MERCHANDISE WHICH IS DAMAGED:

Your order has been carefully packed and thoroughly inspected. Please check all cartons immediately upon receipt for shortages or damage. If your order has been damaged in transit, notify Customer Service immediately by calling 787-264-1541, writing to Customer Service, VectorWear Company, P.O. Box 540, San German, PR 00683 or Email Service@VectorWear.com

TO RETURN MERCHANDISE WHICH IS NOT DAMAGED:

- 1 Complete appropriate section(s) below and place this form inside carton with merchandise being returned.
- 2 Pack merchandise carefully. In the original carton, if possible.
- 3 Ship, via USPS Priority Mail or insured parcel post, to the attention of VectorWear Customer Service, using the above label. We cannot accept returns sent C.O.D.
- 4 We ask that you make return decisions within 30 days. This will allow us to make an exchange, or credit your account, to your satisfaction.

SECTION I		PLEASE INDICATE THE ACTION YOU WOULD LIKE US TO TAKE:		
<input type="checkbox"/> Return <input type="checkbox"/> Exchange for items in section II <input type="checkbox"/> Apply store credit to new order for items listed in Section II				
Please tell us why you are returning this merchandise so we may use this information to improve our service to you:				
<input type="checkbox"/> Damaged <input type="checkbox"/> Ordered wrong item <input type="checkbox"/> Received wrong item <input type="checkbox"/> Duplicate order <input type="checkbox"/> Defective <input type="checkbox"/> Not ordered				
<input type="checkbox"/> Not as described <input type="checkbox"/> Wrong quantity <input type="checkbox"/> Arrived too late <input type="checkbox"/> Quality Unsatisfactory <input type="checkbox"/> Other _____				
Brief explanation of reason for return, please: _____				
ITEMS RETURNED				
QTY.	ITEM NO.	DESCRIPTION/SIZE	PRICE	TOTAL
SECTION II		EXCHANGE OR NEW ITEMS ORDERED		
QTY.	ITEM NO.	DESCRIPTION/SIZE	PRICE	TOTAL
Enclose your money order for Re-shipping charges made payable to VectorWear Co.				
Signature _____ (Required)				