



RETURN AND EXCHANGE FORM

RMA/EMA#:

NAME: ADDRESS:
CITY: STATE: ZIP: PHONE:

PLEASE [] RETURN OR [] EXCHANGE

RETURN INSTRUCTIONS

Please let us know the reason for this return by entering a Reason Code(s) column to the left of the item number in the form below. Reason codes are listed below the return form.

Table with 8 columns: REASON CODE(S), ITEM #, DESCRIPTION, COLOR, SIZE, QTY, PRICE EACH, TOTAL PRICE

REASON CODE(S)

Table with 5 columns: A. Too Big, C. Too Small, E. Wrong Color, G. Exchange, I. Changed my Mind, K. Wrong Item Received, M. Not as Pictured, O. Damaged, Z. Other - Please describe:

EXCHANGE INSTRUCTIONS:

[] Exchange for another item(s) listed below.

Table with 7 columns: ITEM #, DESCRIPTION, COLOR, SIZE, QTY, PRICE EACH, TOTAL PRICE. Includes Merchandise Total row.

[] I would like to receive an email confirmation of my return or exchange order.

My email address is:

NON-RETURNABLE PRODUCTS

Certain Items cannot be returned for any reason due to our compliance with State, Federal and Safety Regulations. Some products are non-returnable for health, sanitary and safety reasons.

- Any item that has been used in any shape or form.
Any item returned more than 15 days after invoice date.
Any item that is damaged or is missing parts.
Any item that is dirty or soiled.
Any item missing appropriate instructions &/or packaging.
Any Item noted on our Web site and/or labeled on the package as non-returnable due to health and sanitary reasons: Plantar DR, Low Profile Compression Socks, and other products noted as non-returnable on our Web site.

- Please fax or email the Return and Exchange form to: info@swedeo.com / Fax: 651-674-8425
Shipping address and RMA/EMA# will be provided to you.
Upon receipt of RMA/EMA#, Ship product(s) along with enclosed copy of Return and Exchange form.
Keep a copy of your shipping receipt.