



RETURN EXCHANGE FORM

Order Number _____ Order Date _____
 Customer Name/Name of Original Purchaser _____
 Phone Number _____ Email Address _____

Straight Return

- Store Credit:** You will receive the FULL purchase price as store credit. 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. Write 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 Items:

Item	Color/Print/Closure	Size	Quantity

Replacement Item(s):

Item	Color/Print/Closure	Size	Quantity

Substitutes if necessary (or store credit if unavailable): _____

SHIP TO: Imagine Baby Products, 215 Industrial Drive New Glarus, WI 53574
CONTACT: info@imaginebabyproducts.com

OFFICE USE ONLY: Postmark _____ Refund \$ _____ Code _____
 SE Email Rewards Exchange Shipped _____ Processed Date _____ Initials _____