

Returns Dept. c/o PO Box 4371 Smithers, BC V0J2N0 Canada

Return Authorization #:	
Today's Date:	

E-Mail: ranumber@therapysocks.com

www.therapysocks.com

## **RETURN AUTHORIZATION FORM**

Please fill this form out completely!

Sold To:		Method Of Or	iginal Payment:			
Name:		Vice MesterCond BenDel Cheel M/O				
Address:				CHECK IVI/O		
		Nama on Card:				
City:		Name on Card.				
State:	Zip:	Credit Card #:	Credit Card #:			
Country:		Expiry Date:				
Phone:	Fax:					
Email:		PayPal Email:				
Copy of Invoice Included?:	Yes No	Order id #:				
Product Code	Description					
Explain your reason for your Return ie: what you need - items you want exchanged etc.						
		riginal packaging material. There is a 1 annot be refunded. No refunds for Ma				
		rs from the date of order. You will need				
For Office Use Only:						
Received By:		** US & INTERNATIONAL CUSTOMERS **				
Condition:		DO NOT SEND PACKAGE BACK BY UPS COURIER SERVICES.				
		dditional fees, return package by	Vou will need the Postal Se	rvice Customs Declaration		
Date Received:		LASS MAIL to:	You will need the Postal Service Customs Declaration Green or White sticker (supplied by your postal outlet).			
Comments:	Therany	Socks.com,	Include the following:			
	Attn: Re	turns Department,	a) in the description	"RETURNING CANADIAN		
	c/o PO Bo Smithers,	ox 4371 BC V0J2N0 Canada	box write	MANUFACTURED PRODUCT".		
	,		b) Customs Value	\$0.00		