

Return/Exchange Form This form must be completed for your return/exchange to

be processed accurately.

Please refer to your packing	J
slip/invoice to complete the	,
information on this sheet.	

Invoice/Packing Slip #:									

Address:					_City:			State:	Zip:
E-mai	l:			1	Daytime Ph	one:			
Wher	e was this i	tem purchased:	☐ Arborwear ☐ Third Party					arty Retail Stor	е
(1) Wror (2) Wror (a) To (b) To	ng Merchandis	(5) Item No (6) Defecti	Not As Expected ot As Described we Product ed Too Late	Commen	ts:				
leason#	Item #	Product D	escription	Size	Color	Qty.	Chec Return	ek One Exchange	Item Requested
rborwea nce your remove	r order is pro d from our s	store any credit o ocessed, all credit ystem for your sed	card information	n					/2 CODE:

Please send this form to Arborwear: 8269 East Washington Street, Chagrin Falls, OH 44023 888.578.TREE (8733) | info@arborwear.com | arborwear.com