



Return or Exchange Authorization Form

Sheila Stotts, Inc. is happy to exchange your product. We will make every effort to process your exchange in a timely manner. Exchanges may be refused and are subject to a 20% restocking fee if the above conditions are not met.

(Please make a copy for your records)

Name _____ Auhorization # _____

Address _____

—

—

Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-Mail _____

Address _____

Product(s) being returned _____

Product to be shipped for exchange _____

Reason _____

Credit card information for any balance due and/or shipping charges:

Card # _____

Exp: _____

Name on
Card _____

Signature _____ Date _____