

## Item Return/Exchange Form

We want you to be completely satisfied with your purchase. If, for any reason, you should need to return your merchandise, you have the option to make an exchange or receive a full refund less the original shipping and handling, which is non-refundable. We ask that you return the merchandise unworn/unused within 30 days of the shipment date. Please contact us at 317-570-8900 with any questions regarding this process. Shipping and handling charges for returns are non-refundable and are the responsibility of the shopper.

### Please provide the following information:

#### Billing Address:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

- Shipping Address is the Same as the Billing Address  
 Shipping Address is **DIFFERENT** than the Billing Address (Please indicate the shipping address on the back of this form.)

#### Item(s) Being Returned:

Item Description \_\_\_\_\_ Item# \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ Price \_\_\_\_\_

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Item Description \_\_\_\_\_ Item# \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ Price \_\_\_\_\_

Order Number (or copy of Packing Slip) \_\_\_\_\_

Reason for Return:  Wrong Size  Wrong Color  Quality  Other (please describe) \_\_\_\_\_

#### Action You Would Like Taken:

Return for Credit  Exchange for Item(s) Indicated Below:

Item Description \_\_\_\_\_ Item# \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ Price \_\_\_\_\_

Item Description \_\_\_\_\_ Item# \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ Price \_\_\_\_\_

Item Description \_\_\_\_\_ Item# \_\_\_\_\_ Color \_\_\_\_\_ Size \_\_\_\_\_ Price \_\_\_\_\_

#### Method of Payment:

Please be assured that we do not keep credit card numbers on file. If the merchandise ordered in exchange is greater than the value of the merchandise being returned, please indicate the payment method below.

Credit Card:  Visa  Master Card  Discover  American Express

Personal Check or Money Order (Payable to Your Company Collection)  Gift Certificate (Please attach to this form)

Credit Card Number \_\_\_\_\_ Expiration Date (Month/Year) \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Comments: \_\_\_\_\_

**Please return this completed form along with the carefully repackaged merchandise via UPS or insured parcel post to the following address:**

Main Event Merchandise Group  
Attn: Returns  
6880 Hillside Ct.  
Indianapolis, IN 46250