

**COMPLETED FORM MUST ACCOMPANY ALL RETURNS**

**Return Shoe Policy**

*Only Account Credit Will Be Given for Returns.*

1. THIS COMPLETED FORM MUST ACCOMPANY ALL RETURNS. (No return authorization is required.)
2. All returns are subject to inspection and approval. **ORIGINAL** inserts must be included with the return. **CUSTOM FOOTBEDS ARE NOT RETURNABLE OR REFUNDABLE.** Any non-defective merchandise showing signs of wear or modification is not returnable.
3. No credit will be issued on any shoe, if more than 6 months have passed since the purchase date.
4. For more information concerning returns or to make a return, email [info@footsaver.com](mailto:info@footsaver.com)

**1. Please Print**

Customer Name \_\_\_\_\_

Customer Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**2. Details of Return**

Please indicate in the table below what you are returning. Use the Reason Codes listed to indicate why you are returning the item(s).

Quantity	Style #	Color #	Size	Shoe Name	Reason Code

Reason Codes:	A Shoe Too Short	C Shoe Too Narrow	E Item Defective (please specify below)
	B Shoe Too Long	D Shoe Too Wide	F Other (please specify below)

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

**3. Cut along dotted line and affix bottom portion to the package you are returning** .....