

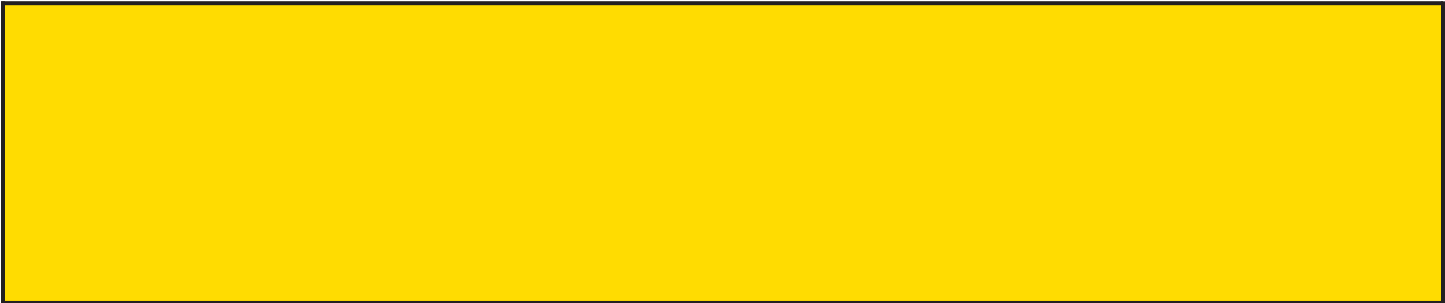


Email: writeus@reallygoodstuff.com
Tel. 1-877-867-1920 • Fax: 203-268-1796

Order #
Page #
Order Date:
Account #
Purchase Order #

BILLED TO

SHIPPED TO



ITEM #	DESCRIPTION				QTY ORD	QTY B/O	QTY SHIP	UNIT COST	TOTAL COST
PROOF									
Subtotal	Sales Tax	Shipping & Processing	Misc.	Order Total				Balance Due	

1A
1B
1C

PROOF 2
8710177852

RETURN FORM - **IMPORTANT: ALL RETURNS MUST INCLUDE A COPY OF THIS COMPLETED FORM**

List the item(s) you are returning and include the appropriate return codes. You must include the item number to receive proper credit. For exchanges, please include the item number(s) for the new product(s). Ship the returned product(s) with the completed form and a copy of the original packing list or invoice to the address below.

Please address all returns to:

REALLY GOOD STUFF, LLC

Suite 200
3500 East 149th Street
Kansas City, MO 64147

OUR GUARANTEE TO YOU

- ➔ We want you to be happy with everything you purchase. If something doesn't meet with your satisfaction, please contact us within **30 days** to return any unused product. We'll be happy to give you a refund, an exchange, or a credit on your next order. Items must be **unused** and in their original packaging. Returns after 30 days, if approved, may be subject to restocking and return freight fees.
- ➔ **If your order is damaged**, please contact our **Customer Support Team** within **10 days** of receipt to report the damage. We'll be happy to send a replacement.
- ➔ **If your product proves to be defective** within **one year** of purchase, after normal use, we will repair or replace the item. Some products may be covered by manufacturers' warranties that extend beyond a year. Please contact our **Customer Support Team** for additional information and assistance.

Customer Support Team 9 a.m. to 5 p.m. (EST) Monday through Friday
Call Toll-Free: 877-867-1920 Or go to reallygoodstuff.com and click on **HELP 24/7**

Date of Return: _____ Customer or Account # _____

"Bill To" Name _____ Order # _____

Address/P.O. Box # _____ Purchase Order # _____

City, State, Zip _____ Position At School _____

E-Mail _____

ITEMS BEING RETURNED

Quantity Returned	Item Number	TITLE	Unit Price	Total Price	*Return Code

Total Items Returned	Customer Signature	Print Customer Name
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ITEMS REQUESTED IN EXCHANGE

Quantity	Item Number	TITLE	Unit Price	Total Price

*TO HELP US SERVE YOU BETTER, PLEASE USE THE RETURN CODE BELOW

1. Incorrect Shipment Received	6. Incorrect Item Ordered	10. Exceeded Dollar Amount
2. Incorrect Quantity Received	7. Defective (Please Explain Below)	11. Does Not Meet Customer Satisfaction (Please Explain Below)
3. Incorrect Item Received		
4. Duplicate Shipment Received	8. No Back Orders Accepted	12. Other (Please Explain Below)
5. Cartons Damaged In Transit (Call Customer Service Immediately)	9. "Ship By" Date Elapsed	

Please Explain: _____

