

RETURN/EXCHANGE AUTHORIZATION FORM

I AM RETURNING THE ENCLOSED SHOES / *Devuelo los zapatos:*

STYLE / *Estilo #* _____ GENDER / *Género* _____ SIZE / *Tamaño* _____ WIDTH / *Ancho* _____

PLEASE CHECK ONE / *Por favor, indique uno:*

1. EXCHANGE MY RETURNED SHOES FOR: STYLE # _____ GENDER _____ SIZE _____ WIDTH _____
 Cambie los zapatos devueltos por lo siguiente: *Estilo #* _____ *Género* _____ *Tamaño* _____ *Ancho* _____

I WANT TO EXCHANGE BECAUSE: WRONG SIZE / *Tamaño equivocado* _____ DEFECTIVE / *Defecto* _____
DID NOT LIKE / *No me gustaron* _____ OTHER / *Otra* _____

NOTE: SHOES CAN ONLY BE EXCHANGED FOR THE SAME STYLE OR A STYLE WITH THE SAME OR LESSER VALUE. IF MORE EXPENSIVE, A REFUND WILL BE ISSUED. PLEASE ALLOW 5 TO 10 BUSINESS DAYS TO RECEIVE NEW FOOTWEAR AFTER WE RECEIVE RETURNED FOOTWEAR AT OUR WAREHOUSE.

OR

2. REFUND FOR: WRONG SIZE / *Tamaño equivocado* _____ DEFECTIVE / *Defecto* _____
 Devolucion: DID NOT LIKE / *No me gustaron* _____ OTHER / *Otra* _____

IF THE FOLLOWING INFORMATION IS NOT FILLED OUT COMPLETELY, WE WILL BE UNABLE TO PROCESS THE REFUND OR EXCHANGE.

Paratenar la seguridad de un cambio o devolucion rapido, por favor, escriba toda la informacion siguiente en letra de molde.

MY Genuine Grip Footwear WERE BOUGHT THROUGH: COMPANY PAYROLL DEDUCTION (OR) I PREPAID WITH _____ CREDIT CARD _____ CHECK/MO
Mi Genuine Grip Footwear fueron comprado por: Deducion de pago (O) Yo pague con _____ Tarjeta de credit _____ Cheque/MO

INVOICE DATE / *Fecha de factura* _____ INVOICE NUMBER / *Numero de factura* _____

IF MY Genuine Grip Footwear WERE BOUGHT THROUGH COMPANY PAYROLL DEDUCTION OR A CORPORATE ACCOUT, PLEASE PRINT FOLLOWING INFORMATION. / *Por favor, escriba la informacion siguiente en letra de molde.*

EMPLOYEE'S NAME / *Nombre del Empleado* _____

SOCIAL SECURITY NUMBER / *Numero de Seguro Social (for payroll deduction)* _____

COMPANY / *Compania* _____ STORE/UNIT NUMBER / *Unidad* _____

STORE ADDRESS / *Direccion de la Compania* _____ CITY / *Ciudad* _____

STATE / *Estado* _____ ZIP / *Codigo Postal* _____ WORK PHONE / *Telefono de trabajo* _____

IMPORTANT - CUT OUT THE BELOW LABEL AND TAPE TO OUTSIDE OF RETURN CARTON

FROM: _____
YOUR NAME / *Nombre* _____
COMPANY / *COMPANIA* _____ UNIT # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

**TO: Genuine Grip Footwear
141 Lanza Ave. Bldg 18C
Garfield, NJ 07026**

INSTRUCTIONS:

1. WE WILL BE UNABLE TO PROCESS YOUR EXCHANGE/REFUND REQUEST UNLESS THIS FORM IS COMPLETELY FILLED OUT AND INSIDE THE BOX WITH THE SHOES.
2. PLEASE RETURN SHOES PREPAID. WE CANNOT ACCEPT COLLECT/COD RETURNS. KEEP RECEIPTS IN CASE PACKAGE IS LOST.
Por favor, devuelva sus zapatos UPS a Parcel Post No CODs!

SATISFACTION GUARANTEED!
IF YOU ARE NOT 100% SATISFIED WITH THE STYLE, SIZE, COMFORT OR FIT, YOU CAN RETURN THE NEW, UNWORN SHOES WITHIN 30 DAYS OF RECEIPT.