

RETURN AND EXCHANGE FORM

To return or exchange items, complete this form and enclose a copy inside your package. Clip and secure our label to the outside of your package. If you have any questions, please don't hesitate to call us at 919-684-8846.

Name:		
Address:		
City:	State:	Zip:
Phone:		

Item #	Color	Size	Qty	Reason for return/exchange	Invoice #

For more items attach separate sheet.

Please tell us what you would like (circle one): *Refund Exchange

*The purchase price will be credited back to your original method of payment.

Exchanges

Indicate your new item(s) and include size and color where applicable. Please include balance payment if the new item is more than the item you are exchanging.

Item #	Item Description	Color	Size	Qty	Price Each	Amount

Credit Card Information

Card Type (circle one):	MC	Visa	Discover	AMEX
Card Number:				
Exp. Date:				

RETURN LABEL

Cut out label and tape securely to outside of your package.

FROM:	<i>apply postage</i>
<p>TO: Provisions Duke Integrative Medicine 3475 Erwin Road Durham, NC 27705</p>	