



RETURN FORM

DATE OF RETURN

SCHOOL NAME & CITY, STATE

CONTACT NAME & PHONE NUMBER

ORIGINAL ORDER NUMBER

REASON FOR RETURN

DID YOU ORDER AN EXCHANGE?

YES

NO

IF YES, WHAT WAS THAT ORDER NUMBER?

PLEASE INCLUDE THIS COMPLETED FORM WITH YOUR RETURN. CREDIT WILL ONLY BE GIVEN FOR PRODUCT IN UNUSED, RESALABLE CONDITION RECEIVED WITHIN 15 DAYS OF ORIGINAL ORDER RECEIPT. SHIPPING COSTS WILL NOT BE REFUNDED. UPON PASSING INSPECTION, CREDIT WILL BE ISSUED IN THE FORM OF THE ORIGINAL PAYMENT. PLEASE ALLOW 30 DAYS FOR PROCESSING. VIEW OUR ENTIRE RETURN POLICY AT WWW.GRADS4GOOD.ORG.

SHIP RETURNS TO:

GRADS4GOOD ATTN: RETURNS 9100 FOXTAIL DR. LINCOLN, NE 68526

OFFICE USE ONLY