

FROM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORDER # \_\_\_\_\_

# ROSS + SIMONS

## RETURNS AND EXCHANGES

**Returns:** Visit [ross-simons.com/returns](http://ross-simons.com/returns) to generate a printable return insert and mailing label.

**Exchanges:** Contact [customerservice@ross-simons.com](mailto:customerservice@ross-simons.com) or **1.800.521.7677** for a Return Reference number and instructions.

TO

### ROSS + SIMONS

RETURNS PROCESSING  
9 ROSS-SIMONS DRIVE  
CRANSTON, RI 02920

ATTN: Return Ref # \_\_\_\_\_

FASTEN THIS LABEL TO OUTSIDE OF RETURN SHIPMENT

RETURN REF #: \_\_\_\_\_ ORDER #: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

I AM:  PURCHASER  GIFT RECIPIENT Purchaser's name: \_\_\_\_\_ Zip: \_\_\_\_\_

I WANT TO EXCHANGE:

EXCHANGE ITEM #	QTY	EXCHANGE ITEM DESCRIPTION	EXCHANGE FOR ITEM #	EXCHANGE QTY	EXCHANGE ITEM DESCRIPTION
-----------------	-----	---------------------------	---------------------	--------------	---------------------------

\_\_\_\_\_  
\_\_\_\_\_

New item only: Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Check/M.O. enclosed PLEASE NOTE: New merchandise may require additional payment or state sales tax where applicable.

I WANT TO RETURN:  REFUND (by method of payment)  MERCHANDISE CREDIT

RETURN REASON:	RETURN ITEM #	QTY	RETURN ITEM DESCRIPTION
<input type="checkbox"/> Arrived too late			
<input type="checkbox"/> Received wrong item			
<input type="checkbox"/> Does not fit			
<input type="checkbox"/> Damaged or defective			
<input type="checkbox"/> Not wanted/as expected			

Returns Policy: Any unused item may be returned within 30 days for a refund to the purchaser, or a merchandise credit or even exchange for a gift recipient. Return and insure your packages via any carrier.