

CALL: 616.443.4599 EMAIL: <u>RETURNS@WORKITURE.COM</u>

Hours: Mon.-Fri. 8am-5pm Closed Weekends and Holidays

RETURN / REORDER FORM

Step 1			Fill out Contact/Purchaser Info	
Name				
Address				
City			ST/PROV.	ZIP
Email				
Daytime Phone	()		
Evening Phone	()		

Step 2		List Item(s) you	are returning	
Reason(s)	Description	Item Number	Color	Price

Step 3	How would you like	us to handle yo	ur Return/Exchange	
Send me a giftcard?	Yes?		No?	
Exchange Item?		Go to Ste	p 4	
Refund to my Credit Card?	Yes?		No?	
Type of Card	Mastercard	Visa	Paypal	
Credit Card Number				
Expiration Date				
Signature				

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Step 4	Reorder here.				
Item Number	Description	Accessory Hammock	Fabric Style/Color	Quantity	Price
		Yes/No?			
				_	
				_	
	S	ubtotal quantity a	nd price reordered		
Returns	Ado	l Zero sales tax fo	or number returned		
Add'l Orders	Add applicable	state sales tax fo	or additional orders		
Total		Total	quantity and price		
Additional Comments					

Step 5	Additional O	der Payment (Pay	ments in USD only)
Type of Card	Mastercard	Visa	
Name on Credit Card			
Credit Card Number			
Expiration Date			
Signature			

Please use clear tape to affix the attached address label for your convenience.

Return Label	Please add correct postage
	workiture.com
	645 Cherry Street SE Grand Rapids Michigan 49503