



RETURN TO:
Softball360.com
6551 Jansen Ave NE, Suite 300
Albertville, MN 55301

Softball360.com Customer Return Authorization Form

Received by _____ Date _____

Customer Information

Name _____ RA# _____
 Address _____ Phone _____
 _____ Email _____
 City _____ State _____ Zip _____

Product Information

<u>Item</u>	<u>Qty</u>	<u>Reason for Return</u>	<u>Order #</u>	<u>Refund</u>	<u>Exchange</u>
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	[]	[]

All refund returns are subject to a 15% restocking fee.

Special orders, team orders or other special accommodations are not returnable nor exchangeable for any reason.

For office use only

Issued by _____ Restocking Fee _____ Credit amount _____
 Issued on _____ Received on _____ Credit issued by _____
 Received by _____ Credit issued on _____
 Replacement sent _____