

RETURN / EXCHANGE FORM

Date _____ Surname _____ First Name _____

Company _____

Address _____

Phone Number: Home (____) _____ Mobile: (____) _____ Work: (____) _____

Invoice / Packing Slip Number _____ **(It is critical that you provide us with this reference)**

Product Description: _____ Size _____

1. **EXCHANGE/REFUND** (circle appropriate) returned product for the following:

My reason for requesting an exchange/refund (place comment & tick appropriate box):

Sale/Return Exchange for _____ Other _____

IMPORTANT

It is ESSENTIAL that for a full refund or exchange, that you undertake the following steps:

- Please **contact us first** toll free on 0800 600 699 or email judy@solemate.co.nz before returning the product.
- Complete in full this **refund/exchange form**. Without this complete form we will be unable to process your request.
- Fold this form and use the address on the back as your mailing label. Return shoe in the box **with a wrapper protecting the box** **DO NOT** tape or apply labels to the box. A charge will be made for box damage.

IMPORTANT: Failure to follow these steps will incur a charge.

RETURN OF FOOTWEAR

1. Socks must be worn when trying on footwear.
2. You must make sure your shoes fit correctly as soon as you receive them and **BEFORE** wearing them outdoors, in the workplace etc. We do not accept returns for reasons of incorrect fit unless the shoes are in an **"as new" condition**. We will not accept or refund for dirty or obviously worn shoes.
3. For all other returns, the returned shoes must be **clean & dry**.
4. Please return shoes **freight prepaid**. We cannot accept freight forward returns. Keep receipts for tracking purposes.

Fold along this line to display address

To:

SoleMate

**5 Edmundson Street,
Onekawa, NAPIER**

Contact:

0800 600 699 / www.solemate.co.nz

FROM:

Fold along this line to display address