



Golden Crescent

Habitat for Humanity®

RA Issued: _____
 Call Tag Issued: _____
 Merc Rcvd: _____
 RA#: _____
 Program: _____
 Call Tag: Yes _____ No _____
 Value of Shipment: \$ _____
 Replacement Order #: _____

Dear Valued Customer: Please follow the instructions below.

1. Fill out this form completely. Fax it to HFHV, 361-570-6192.
2. If the merchandise is damaged or defective, or if HFHV has erred on your order, CAM will issue a call tag to pick it up.
3. Place a copy of this form in the package with the merchandise being returned.
4. Keep a copy of this form for your records
5. If the merchandise is damaged or defective, or if HFHV has erred on your order, CAM will issue a call tag to pick it up.
6. If you have made an error in ordering, ship the package to us freight prepaid.

RETURN MERCHANDISE TO:

HFH Victoria
 Attn: RA# _____ (your RA#)
 4103 N. Navarro St. Suite 200
 Victoria, TX 77901
 Phone: 361-573-2511

**Note: Depending on the nature of your return, a 10% Restocking Fee may apply.*

Name: _____
 Packing Slip Order#: _____ Business Name: _____
 E-mail: _____
 Pick Up Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone: (____) _____ - _____ Fax: (____) _____ - _____
 Item# _____ Item _____
 Description: _____
 Item# _____ Item _____
 Description: _____
 Item# _____ Item _____
 Description: _____
 Item# _____ Item _____
 Description: _____

Reason for Return? Check Reason(s) Below.

**Note: Merchandise purchased with a gift certificate must be exchanged for merchandise.*

**Customer Required to pay Return Freight unless merchandise is deemed defective or factory error. See "Replacement Order Shipping Charges"*

Client Factory Carrier

- | | | |
|--|--|--|
| <input type="checkbox"/> Wrong Size Ordered | <input type="checkbox"/> Wrong Item Rcvd | |
| <input type="checkbox"/> Wrong Color Ordered | <input type="checkbox"/> Wrong Size Rcvd | <input type="checkbox"/> Damaged |
| <input type="checkbox"/> Wrong Style Ordered | <input type="checkbox"/> Wrong QTY Rcvd | <input type="checkbox"/> Package Lost |
| <input type="checkbox"/> Do not like item | <input type="checkbox"/> Wrong Address | <input type="checkbox"/> Wrong Address |
| <input type="checkbox"/> Wrong Ship Method | | |
| <input type="checkbox"/> Defective- Explain: _____ | | |

Replacement Order Shipping Charges- Choose one payment option:

- Bill my CC# _____
 Bill my UPS Acct# _____
 Bill my FedEx Acct# _____

Customer Request for Disposition:

- NO Exchange – issue credit.**
 Exchange for: Item# _____ Description _____
 Item# _____ Description _____
 Item# _____ Description _____
 Item# _____ Description _____

Replacement Order #: _____ **Note: Your Replacement Order will be shipped upon receiving returned merchandise.*

Fill this form out completely and FAX BACK to HFHV 361-570-6192 Attn: OM. See instructions above.