

785 GODDARD COURT • ALPHARETTA, GA 30005 PHONE: 678-942-1800 • TOLL FREE: 800-729-9050 • FAX: 866-897-2289

RETURN / EXCHANGE FORM

Customer Name:		Employee ID#:				
Customer Address:						
	City		State	Zi	p	
Customer Phone#:						
Enclo	se this co	mpleted form wit	th ALL return pack	ages.		
		-	ng of your return. Please a By out your detailed instruc			
TO BE EXCHA	ANGED	🔲 то в	E RETURNED FO	R CRE	DIT	
	ame drop), disco	ontinued or closeout item	in 60 days of receiving you as CANNOT be returned/ex		cept in cases of	
Exchange Form 2. Circle all items at the second of the se	n" in the pack to be exchang acking slip? — in the appropriate the appropriate of the process of record your ton for shipping to be a content of the process	tage being returned. ged on your invoice of List all "return" and riate box below. How your original invoice.	"replace with" items (vever, please note: ce/packing list NUMB Service if you can't fe ext to each item. your package.)R "returr E R befor	n for credit e any	
					(REQUIRED)	
RETURN FOR EXCH	HANGE		Invoice/Packin	g List #		
Reason (Code)	Item #	Description	Color	Size	Qty	
REPLACE WITH:						
REPLACE WITH:						
REPLACE WITH:						
REPEACE WITH.						
REPLACE WITH:						



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RETURN / EXCHANGE FORM

(REQUIRED)

RETURN FOR CREDIT

Invoice/Packing List

Reason (Code)	Item #	Description	Color	Size	Qty

*Reason(s) for Return (Codes)

SS – size too small	WO – wrong item ordered	DM – defective/ damaged merchandise	TE – no longer an employee	
SL- size too large	WS – wrong item/size shipped	UQ – unsatisfactory product quality	XX – Other, please explain	

SHIP ALL RETURN PACKAGES TO:

HPI Direct
Attn: Customer Returns
785 Goddard Court
Alpharetta, GA 30005