

Return and Exchange Form

Mail the product(s) you wish to return or exchange and this form to:

Leslie Carman 4-H Supplies, Inc. PO Box 121 Rexburg, ID 83440

I wish to return product(s) for a refund.

Please mail my refund check to: *(only if original payment was made by check)*

Name: _____

Address: _____

OR Refund my credit card *(required if original payment was made by Credit Card)*

Name of original purchaser/card holder _____

I wish to exchange product(s) for:

Please mail my new products to:

Name: _____

Address: _____

This is an even exchange. There is no money owed or due.

I am owed money. Please mail my refund check to: *(only if original payment was made by check)*

Name: _____

Address: _____

OR Refund my credit card *(required if original payment was made by Credit Card)*

Name of original purchaser/card holder _____

I owe money. I have enclosed a check for the difference, made out to Leslie Carman 4H Supplies, Inc.

OR Please charge this credit card for the difference:

_____ Exp ____/____ CVC_____

Name on Card _____

Billing address of Credit Card _____