Return Form

The Uniform Choice

Return Policy:

We have an exchange-only policy. Exchanges must be made within 30 days of purchase. **Shoes, Socks, Stethoscopes and Sale Items are Final Sale**. All claims must be accompanied by the invoice, the item must be in its original packaging, the tags must be attached, and the items must not have been washed or worn.

Instructions:

Please complete this form and include it with the items being returned and the original invoice.

Return to:

The Uniform Choice c/o Returns Department 7A – 3110 8th Street East Saskatoon, SK S7H 0W2

Items bei	ng returned			
Style	Description	Size	Colour	Reason
1				
2				
3				
4				
Reason Code	01 – not as pictured 02 – didn't fit 03 – not satisfied with quality	04 – don't want/changed mind 05 – wrong item sent 06 – damaged/defective item		07 – do not like 08 – not as described 09 – other (please list)
Items war	nted in exchange			
Style	Description	Size	Colour	
1				
2				
3				
	this time the balance will be issued as a gift ce		xpiry date and no casl	n value.
Authoriza	tion			
Exchanged items will be s	ent to the address below.	A \$15 shipp	ing charge will be appl	lied to send the exchange.
Name		Billing Name		
Address		Credit Card Number		
		Credit Card	l type	
City		If only a gift certificate is being sent, the \$15 charge will be waived.		
Province	Postal Code			
Phone		I authorize t	he charges to be appli	ed to the credit card listed above.
Email				
		Signature		Date