

# FitForms: Exchange Claim Request Form

If you intend to exchange any item for any reason, you must print out and complete this request form and return it to the address below.

Failure to do so will void your right to exchange the item. Remember, you have only 10 days from the date your document or form was purchased to file this request.

Please complete the following information so that we can properly review your request.

(Please print clearly)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Product Description \_\_\_\_\_

Reason for your return: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Legal Notice:** In exercising your right under our refund policy to exchange a document, form, or information that was purchased on the FitForms website, you hereby agree and acknowledge that upon approval of your exchange request you will not utilize the above mentioned document, form, or information in any manner whatsoever. Additionally, you may not post, distribute, or modify the prior purchased information in any way for your benefit or for the benefit of a third party, and you agree to delete the prior purchased document, form, or information from your computer system upon receiving an exchange approval. Any violation of this notice and agreement would be deemed a breach, which would allow FitForms to pursue legal action against you.

## Return Policy Acknowledgment

I acknowledge that by submitting this form I am aware of the terms of the FitForms return policy, including the following:

- The return request must be evaluated and approved by FitForms, and I must receive an **exchange code number** before I can return to the website to receive my credit.
- Upon approval, an **exchange claim code** will be mailed to me from FitForms with instructions on how to enter the code on the FitForms website. All credits/exchanges will be for the value of my purchase.
- This request must be postmarked no later than 10 days from the date of purchase to: **FitForms, P.O. Box 1234, Clayton, CA 94517.**

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date