Customer Exchange Order Form

DATE : ____|____|____

12907 South 3600 West
Riverton, UT 84065

Note: Use one separate Exchange Order Form for items from each original separate order number. To prevent delays in processing your order, please print clearly (no strikeovers), press hard, and complete all applicable sections of the entire form. Merchandise that is damaged in return shipping, discontinued, or outdated cannot be exchanged. To prevent damage in shipping, please use an adequate shipping container and proper packing materials.

Original order number: _____

OR

Original packing slip number: _____

DEMONSTRATOR INFORMATION *(if available)*

DEMONSTRATOR NAME: _____ TELEPHONE NUMBER: _____

CUSTOMER INFORMATION

NAME: _____ TELEPHONE NUMBER: _____

E-MAIL: _____

SHIPPING ADDRESS (not a P O Box)

STREET ADDRESS: _____ CITY: _____ COUNTRY: _____

STATE: _____ ZIP CODE + 4: _____-_____ TAX RATE _____% INSIDE CITY LIMITS? ☐ YES ☐ NO

MERCHANDISE TO BE RETURNED *(Must be unused, current merchandise in original packaging)*

ITEM CODE	DESCRIPTION	QTY	ORIGINAL PURCHASE PRICE	TOTAL
A. TOTAL OF RETURNED MERCHANDISE			→	

REPLACEMENT MERCHANDISE

ITEM CODE	DESCRIPTION	QTY	PRICE	TOTAL

MAIL TO:

STAMPIN' UP!®
Exchange Dept.
12907 South 3600 West
Riverton, UT 84065
(800) 782-6787
(800) STAMP UP

B. TOTAL OF MERCHANDISE ORDERED →	
C. SUBTRACT LINE A FROM LINE B (IF RESULT IS ZERO OR LESS, ENTER -0-.)	
D. RESTOCKING FEE 15% OF LINE A (ONLY APPLIES IF EXCHANGE IS RECEIVED BY STAMPIN' UP!® MORE THAN 90 DAYS AFTER THE ORIGINAL SHIPPING DATE)	
E. SHIPPING FEE 10% OF LINE C, MINIMUM OF $6.95 (ONLY APPLIES IF EXCHANGE IS RECEIVED BY STAMPIN' UP! MORE THAN 90 DAYS AFTER THE ORIGINAL SHIPPING DATE)	
F. SUBTOTAL (LINE C + LINE D + LINE E)	
G. SALES TAX (% OF LINE C OR LINE C+ E IF SHIPPING IS TAXABLE IN YOUR STATE)	
H. TOTAL AMOUNT DUE (LINE F + LINE G) →	
BILL AMOUNT DUE FOR REPLACEMENT MERCHANDISE TO THIS CREDIT CARD:	

CREDIT CARD PAYMENT INFORMATION *(All information below for cardholder)*

NAME (ON CARD): _____ TELEPHONE NUMBER: _____

BILLING ADDRESS: ☐ Check if same as mailing above _____

CITY: _____ STATE: _____ ZIP: _____ CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD #: _____ EXP. DATE: ____|____ CHARGE TOTAL: $

AUTHORIZED CARDHOLDER SIGNATURE: _____

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MAKE A COPY OF THIS FORM FOR YOUR RECORDS. SEND THIS COMPLETED FORM TO STAMPIN' UP ADDRESS ABOVE.