We are committed to offering only the best products and services to our customers. If for any reason you are not satisfied with your purchase, simply return in the original packaging with your receipt within 30 days. The product must be in new condition to qualify for repair or replacement. If the item was a special order, a closeout or has been altered or customized will incur a restocking fee or cannot be returned. All items returned must have a Return Authorization number or a completed Item Return Form. To obtain a RA Number, please call Customer Service (800) 775-5996.

RETURN CODES:
A. Too Small
B. Too Large
C. Arrived Late
D. Wrong Item
E. Defective (Specify Problem)
F. Not as Pictured (Please Comment)
G. Quality not as Expected (Specify)
H. Other (Please Explain)

RETURN AND EXCHANGE PROCEDURE
1. Enclose this form with merchandise explaining action desired.
2. Mark outside of box with return authorization number.
3. Please use the provided, pre-addressed, cut-out label to ship your return package.
4. Fill out this form completely to prevent delays on your return.

Name__________________________________________
Address________________________________________
City________________________________ State______ Zip______
Phone Number________________________ Email________________

Invoice Number__________________ Purchase Order Number________________

Return Authorization # (RA#)_________________________________________________________

<table>
<thead>
<tr>
<th>Item #</th>
<th>Color/Size</th>
<th>QTY</th>
<th>Return Code</th>
<th>Please give reason for return</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RETURN CODES:
A. Too Small
B. Too Large
C. Arrived Late
D. Wrong Item
E. Defective (Specify Problem)
F. Not as Pictured (Please Comment)
G. Quality not as Expected (Specify)
H. Other (Please Explain)

ACTION REQUESTED
____Exchange  ____Repair  ____Credit  ____Replace  ____Refund(to original PMT method)

Complete this section for exchanges or to order additional merchandise

<table>
<thead>
<tr>
<th>Item #</th>
<th>Color/Size</th>
<th>QTY</th>
<th>Description</th>
<th>Price Each</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FROM: ______________________________ TO: ______________________________

Returns Department
2545 Brockton Dr, Suite 100
Austin, TX 78758