

# EXCHANGE / RETURN FORM

## College Funding Solutions, Inc.

28202 Cabot Road, Suite 300 • Laguna Niguel, California 92677

Tel: (949) 766-0900 • Fax: (949) 365-5687

**REPRESENTATIVE INFORMATION** – Do Not write on this form. Use this as an original form for making duplicates.

<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Last Name	First Name	M.I.

Address \_\_\_\_\_

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

County \_\_\_\_\_ Distributor ID# \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_ Fax \_\_\_\_\_

**SHIPPING INFORMATION** Ship to:

Address \_\_\_\_\_

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

County \_\_\_\_\_ Day Phone \_\_\_\_\_

**RETAIL CUSTOMER** Remit a separate form for each customer return and copy of retail sales receipt.

<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Last Name	First Name	M.I.

Address \_\_\_\_\_

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

County \_\_\_\_\_ Day Phone \_\_\_\_\_

Order #	Product Returned	Qty. Returned	Exchange for	Reason for Return

Visa <input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>	Mastercard <input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>	Discover <input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>	Check <input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>	Money Order <input style="width: 15px; height: 15px; border: 1px solid black;" type="checkbox"/>
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Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Enclosed Restocking fee for all returns (US funds only)

USA \$0.00 minimum, or .0% \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

All exchanges/returns must be sent to College Funding Solutions, Inc. and must be accompanied by: 1) a signed statement from the retail customer identifying the reason for the return; 2) a copy of the original retail sales receipt; and 3) the name, address and telephone number of the retail customer. College Funding Solutions, Inc. will pre-pay the cost of shipping the replacement product(s) on exchanges.

Signed \_\_\_\_\_ Date \_\_\_\_\_ 20 \_\_\_\_\_