

Security Code:___

Billing Zip Code:___

Return/Exchange Form

| Please se | end all return/exchanges with this fo Uniforms & Accessories 404 22nd Ave Meridian, MS 39301 | orm to: |
|--|---|-------------------------------|
| Name: Schoo | | |
| Email: | Phone | |
| Return — Shipping — Address — | |] Exchange] Return |
| Online: Order In store (Meric | closed items purchased? /Invoice Number dian, MS) (on-site at your school) | Date of Original Purchase: |
| · · · | ase explain what sizes/styles you ange for or if this is a refund req | - |
| Credit Card N Exp. Date | umber: | |

*For any applicable charges or refunds