

# PediatRx Sock Solutions

## RETURN FORM

### Step 1

#### Customer Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Daytime \_\_\_\_\_ Evenings \_\_\_\_\_

### Step 2

How would you like us to handle your return/exchange?

Exchange

Refund in form of original payment

### Step 3

Comments (needs to be completed for all defective merchandise for full refund)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Step 4

#### Reorder

Item	Size	Price

### Step 5

#### Method of Payment/Refund

Visa

MasterCard

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Step 6

Return Label (cut and attach address label below to your returned package)

Returns
PediatRx Sock Solutions
36 Raven Ln.
Gloucester, MA 01930