

## **Merchandise Exchange Form**

Name:			Phone: Email:					
Add	ress:				City: _		State: Zip:	
Service Unit:				Troop Number:				
Cus	tomer Item(s) to be Exchange	ed:						
Item #	Item Description	Size	Color	Unit Price	Quantity	Total Price	Reason for Exchange	
•	Information: Exchanges must be made in store/postn of original purchase	narked withi	n 60 days				Mail Exchanges to:	
•	Receipt copy must be attached     Customer is responsible for the shipping cost of sending items to be exchanged     Girl Scouts – Diamonds will assume responsibility for mailing substituted items back to the customer			Grand	d Total		Girl Scouts – Diamonds · c/o Retail Specialis 11311 Arcade Dr. St. 102 Little Rock, AR 72212	
Girl	Scouts – Diamonds Item(s) to	o Substiti	ute:					
Item #	Item Description	Size	Color	Unit Price	Quantity	Total Price	Reason for Exchange	
Important Information:      Grand Totals must equal     Exchanges can take 3-weeks from date exchange is received     If substituted item grand total is larger than the exchange grand total, balance must be paid.				Grand Total			We're always open online  www.girlscoutshop.com	
Bala	ance Payment: \$							
	•	d orders) [		(Make payable		– Diamonds	) (include Date of Birth & Driver's License #)	
Account Number:				Expiration Dat			te: CVV:	
Card	d Zip Code:			Chip Card	l: (circle one)	YES	NO	
	Program Credit (Fall/Cookie B Account Number:	•			Amo	ount Appli	ed to Order: \$	
Sign	Signature:				Date:			
Exchan	Section:  ge Received: Exchange F ge Mailed: Staff Initial							