

Signature HealthCARE, LLC UNIFORM EXCHANGE FORM

Exchange Policy						
Exchanges may be made	de up to 30 days afte	er the ship date	of your order. Your pi	oduct must not l	have been worn or	
washed and have origi	nal tags. Exchanges	can only be mad	le <u>for:</u> (Check One)			
Same style item in different size			Logo is missing	Logo is missing		
Item received is not item ordered			Logo is incorrect			
Garment is d	amaged. Explain:					
Please note: One ex	xchange allowed per ga	arment. Subject to	additional shipping cha	rge if exchanged n	nore than once.	
Exchange Proced	ure					
	e Exchange Form - Pa	arts A and B (see	below).			
STEP 2: E-mail rlabrum@allcustomwear.net for a Return Shipping Label. In the email, please note the						
dimensions of shi	pping carton along w	rith weight (best	estimate if you do no	t have access to	a scale). He (Rick)	
•	back a shipping labe					
	completed Uniform	_	•			
STEP 4: Adhere Return Shipping Label, provided to you by e-mail, to the outside of your box.						
 STEP 5: Ship with proper carrier (eg: UPS or FedEx). Refer to shipping label to identify the carrier. Note: Please consider packaging multiple products in same carton. 						
Fach stales he			• •			
			form, but all can be p	naced in the sam	ie carton.	
STEP 1 - PART A:	Contact informa	ation	Ouder # D		If you do not have	
ORDER # Order # MUST be provided. If you do not have your order #, e-mail support@lizardap.com.						
Name				Kronos ID #		
Facility Name			Facility Code			
Facility Address						
				Zip		
Phone						
STEP 1 - PART B:	Exchange Inforr	nation				
RETURNING				EXCHANGE FOR		
Item #	Color	Size	Quantity	Color	Size	
			,			
Additional Comments	<u>. </u>		<u> </u>			
Additional Comments	•					