

# Exchange Authorization Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Invoice/Order Number: \_\_\_\_\_

Please list the item numbers you want to receive in exchange

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_

You may cut on the dotted line and tape this to the outside of a separate return box. Do not use the product box itself.

Please include top portion inside of the box.

-----Cut Here-----

# FontaniniStore.com

912 Madison Ave.

Howards Grove, WI 53083

Attn: Exchange Department