

Return / Exchange Form

Fulfillment Center 71 Railroad Avenue Dexter, ME 04930

877-818-4461 customercare@shoeline.com

Order ID_____

Billing Information		
Name:		
Address 1:		
Address 2:		
City:	State:	Zip:
Daytime Phone:		

Shipping Information			
Name:			
Address 1:			
Address 2:			
City:	State:	Zip:	
Daytime Phone:	•		

Item Being Returned				
SKU/Style #:		Style Name:		
Size:	Color:	·	Price:	

* The SKU is a series of numbers, which may be located on the box or inside the shoe.

Reason for your return:	

SELECT ONE:

I would like a **REFUND.** Your refund (minus the \$6.95 return fee) will show on your bank statement in 3-5 business days.

I would like an **EXCHANGE**. Please send the following: (Note: you will be refunded for the item you return and then charged for the new item when it ships out to you.)

Item Information				
SKU/Style #:		Style Name:		
Size:	Color:		Price:	