



RETURN FORM

Please complete the form below so that your return is not delayed.

| | |
|-----------------------|-------------------------------------|
| Date of Return: _____ | Order #: _____ |
| Account #: _____ | Account Name: _____ |
| Contact Name: _____ | Return To Address: _____ |
| Phone#: _____ | City: _____ State: _____ Zip: _____ |
| Email: _____ | Rep Code: _____ |

| RETURNED ITEMS | | | | |
|----------------|---------|------|------|--------|
| Style # | Color # | Size | Qty. | Reason |
| | | | | |
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ADDITIONAL INFORMATION:

Return Policy

Return and Exchange Policy Elite gladly accepts returns and exchanges, provided the following conditions are met. This return policy applies to stock items only. Special Orders are made to customer’s specifications and therefore cannot be returned or exchanged except in the case of a Quality/Mfg. defect. Stock items that are ordered with embellishments (jewels, embroidery, sequinz™, etc.) are considered Special Orders.

- All return requests must be sent to Elite Sportswear no more than 30 days after shipment of merchandise.
- A completed Return Form must accompany all returned merchandise.
- Merchandise must not have been worn or laundered and must have all hang tags and sew-in tags attached in their original position and condition.
- Customer pays shipping charges.
- Dealers: Returns are subject to a 15% re-stocking fee. Dealers and clubs should call 1.800.345.4087 to obtain a Return Authorization Number. This must be printed on the back of the Return Form found at www.gkelite.com/pages/gk-gym-forms.
- Credit for returned merchandise, less any re-stocking fees, will be issued to dealer’s account.

RETURN REVIEW SHEET (OFFICE USE ONLY)

Invoice # & Date: _____ Customer Name: _____
 Date Received: _____ Account #: _____
 Date Reviewed: _____ Phone #: _____
 Must Ship Date: _____ Order #: _____
 Inspector: _____ SPO/PLAIN STOCK/STOCK W/EMB: _____

| PRODUCT RECEIVED | | | | | |
|------------------|-------|-------|------|------|----------|
| Number | Style | Color | Size | Qty. | Comments |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

| DEPARTMENT TRACKING | | | |
|---------------------|------|----------------------|-------|
| Date | Qty. | Repair/Action Needed | Oper. |
| | | | |
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COMMENTS:

Freight Charges: _____