RETURN/EXCHANGE PROCEDURE

We accept returns and exchanges of item(s) in new and unused condition with tags attached within 30 days of the original purchase date. When possible, use the original packaging to return wide brim hats. A hat that has been folded or damaged in shipment due to improper packaging will not be considered in new condition, and will not qualify for a refund.

- 1. Please complete the form below including the RETURN REASON CODE and enclose it with your return shipment.
- 2. Use the carrier of your choice to return your package; postage is required and insuring the package is recommended.
- 3. Please send your return package to:

Sun Precautions, Inc.

Attn: Returns/Exchanges 3809 9th Avenue South Seattle, WA 98108

RETURNS: Your return will be credited upon processing at our offices.

EXCHANGES: Outbound shipping from our warehouse will be free. For an expedited exchange, please call

CUSTOMER IN	FORMATIO	N						a price	
NAME:				ORDE	R#:				
PHONE #:	ONE #:		ADDRESS:						
RETURN REA	SON CODES	3							
		T2 - Change	d Mind		T5 - Didn't Like	Color		S2 - Wrong Item Sent	
		T4 - Didn't Li	ke Style		T6 - Didn't Like	Fabric	T1 - Returning	T1 - Returning Gift	
				The second section				Al providing by Alexander School and Co.	
RETURNED IT	TEMS			GIF	RETURNS AND E	XCHANGES ONL	Y: DO NOT NOTIFY G	SIFT GIVER	
STYLE#	DESCRIPTION		SIZE	COLOR	RETURN CODE		COMMENT		
						A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	_			E84	ALL NOTIFICATION	OF BROCESSE	RETURN/EXCHANGE:		
REFUND METHO	D:			EM	AIL NOTIFICATION	OF PROCESSED	RETURN/EXCHANGE:		
		Solumbra Account C	Credit		AIL NOTIFICATION		RETURN/EXCHANGE:		
⊒Original Form of		Solumbra Account C	Credit				RETURN/EXCHANGE:		
Original Form of	Payment 🗆 S	Solumbra Account C	Credit	Em			PRETURN/EXCHANGE:	QTY	
⊒Original Form of	Payment 🗆 S			Em	ail Address:			QTY	
Original Form of	Payment 🗆 S			Em	ail Address:			QTY	
Original Form of	Payment 🗆 S			Em	ail Address:			QTY	
Original Form of	Payment 🗆 S			Em	ail Address:			QTY	
Original Form of	Payment 🗆 S			Em	ail Address:			QTY	
Original Form of	Payment 🗆 S			Em	ail Address:			QTY	
Original Form of NEW ITEMS STYLE #	Payment 🗆S	RIPTION		Em:	ail Address:		END COLOR CHOICE		
Original Form of NEW ITEMS STYLE #	Payment 🗆S	RIPTION		Em:	color choice	YMENT IS REQU	END COLOR CHOICE	QTY or Money Or	
Original Form of NEW ITEMS STYLE #	Payment 🗆S	RIPTION	SIZE	Em:	COLOR CHOICE F ADDITIONAL PA	YMENT IS REQU	IRED:		
PLEASE TELL US	Payment 🗆S	RIPTION		Email 1ST	COLOR CHOICE F ADDITIONAL PA	YMENT IS REQU	IRED:		