



LookAtMeDance.com Return/Exchange Form

No need to call or write, just follow these simple steps:

1. Please fill out this form and return with merchandise.
2. Send merchandise in its original box along with the Return/Exchange form and a copy of original packing slip/receipt.
3. **Return your package to our supplier's warehouse:**

**Dance Shoes Warehouse
Return/Exchange Processing Dock A
10501 Valley Blvd. Suite 1118
El Monte, CA 91731**

* For your protection, we recommend you obtain a **tracking number and/or insurance** when you ship your items to us.

* Shoes with soiled soles or shoes which have been used on a hard surface cannot be returned for credit nor exchange.

* Item must be shipped back to us (postmarked) within 21 days from when you received your order.

If you have any questions, email Customer Services at sales@lookatmedance.com

Your Billing Address	Your Shipping Address <i>(if different from billing address)</i>
Name	Name
Address	Address
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	

Action You Wish to be Take (Select box below)

- Replace
 Exchange
 Refund* (Refund will be in form of original payment)

Merchandise Being Returned *(Please use reason code below)*

Reason Code	Item No.	Color	Heel	Size	Quantity	Price

Replacement/Exchange* or additional merchandise if desired

Reason Code	Item No.	Color	Heel	Size	Quantity	Price

* Replacement/Exchange items will be subject to additional S&H fee. \$9/pair domestic US. International shipping varies.

* Returns for a refund will be subject to a \$15 re-stocking fee (except for styles shown to have factory defects, were damaged in shipping or the wrong item was sent).

Payment method for re-shipping S&H charge

- Paypal** Please contact us re your payment at sales@lookatmedance.com
 Credit Card Please contact us re your payment at sales@lookatmedance.com

Reason Code for Return

- WM – Changed Mind
 WE – Ordered Wrong Size
 WF – Fit Issue
 WC – Received Wrong Size
 WI – Received Incorrect Item
 WP – Received Damaged
 WZ – Defective: (Please Explain) _____



Do Not Fill In – Office Use Only

- RA #:
 CM #:
 OC #:
 CC #: