

Return & Exchange Form

Please fill out the appropriate information below, then print and include in your package. Please ship all returns and exchanges to:

Ally Bank C/O SureShip 9001 Hampton Overlook Capitol Heights, MD 20743

Capitol He	eights, MD	20743							
Step	1			Original Or	der #				
	ly Purchas	ed by:							
Name:									
Address:									
	(City)				(State	<u>.)</u>	(Zi	in)	
E-Mail Ad	.05				Jorden	·1	(2)	Ρ/	
Phone:	(Daytime)					(Evening)			
Please se		the followi	ng options	s :		(Evening)			
		other item(s							
□ Reiml	burse my o	riginal meth	od of payr	nent.					
Step 2	2- Ret	urns	In the	form below ple	ease indicate th	e item(s) you are returnin	g, inclu	ding t	he reason code.
Reason Code	Item#	Color	Size Q	uantity Iter	m Name		Price	9	Total Price
Reason	Code	Outite		Catiafration		Desferment (Service		Catalog	
Reason Code: Quality 01 Quality unsatisfactory 02 Defective construction 03 Finish unacceptable			Satisfaction 11 Did not like 12 Did not like 13 Did not like 14 Price too hi	e fabric e color	Performance/Service 21 Did not perform as expected 22 Shipping damage 23 Wrong item shipped	t perform as expected 31 Toing damage 32 Toing tem shipped 33 O 34 N		small	
Step 3	3- Exc	hanges	In the f	orm below plea	se indicate the	exchange item(s).			
Item#	Sty	le Size	e Otv	Description			Un	it	Total
Ttelli#	Sty	3120	e Qty.	Description			Pri		Total