

Return/Exchange Form



Saint Charles
Catholic School

Parent or Guardian: _____

Student Name: _____ Grade _____

Home Phone: _____ Day Phone: _____

E-mail: _____

Return

Item #	Description	Size	Qty	Price	Total

Sub total \$ _____
5% GST \$ _____
Total \$ _____

Exchange

Item #	Description	Size	Qty	Price	Total

Sub total \$ _____
5% GST \$ _____
Total \$ _____

<p>I certify that the clothing exempted on this sale is being purchased for a child under 15 years of age and the information provided is true and correct</p> <p>_____</p> <p>Signature</p>	<p>Payment method: Cash___ Debt___ Visa___ M/C___</p> <p>Card # _____</p> <p>EXP ___ / ___ 3 Digit CVV (on back of card) _____</p> <p>Name on Card _____</p>	<p>Return \$ _____</p> <p>Exchange \$ _____</p> <p>Total owing \$ _____</p> <p>Total credit \$ _____</p>
	<p>Special notes: _____</p> <p>_____</p> <p>_____</p>	<p>If there is an issue with sizing, email: uniforms@promosave.com with your exchange request no later than August 15th to ensure replacements are in for the beginning of school.</p>