



RA Issued: \_\_\_\_\_  
 Call Tag Issued: \_\_\_\_\_  
 Merc Rcvd: \_\_\_\_\_  
 RA#: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Call Tag: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Value of Shipment: \$ \_\_\_\_\_  
 Replacement Order #: \_\_\_\_\_

**Dear Valued Customer:** Please follow the instructions below.  
 1. Fill out this form completely. Fax it to HFHV, 361-570-6192.  
 2. If the merchandise is damaged or defective, or if HFHV has erred on your order, CAM will issue a call tag to pick it up.  
 3. Place a copy of this form in the package with the merchandise being returned.  
 4. Keep a copy of this form for your records  
 5. If the merchandise is damaged or defective, or if HFHV has erred on your order, CAM will issue a call tag to pick it up.  
 6. If you have made an error in ordering, ship the package to us freight prepaid.

**RETURN MERCHANDISE TO:**  
 HFH Victoria  
 Attn: RA# \_\_\_\_\_ (your RA#)  
 207 N. Glass  
 Victoria, TX 77901  
 Phone: 361-573-2511

*\*Note: Depending on the nature of your return, a 10% Restocking Fee may apply.*

Name: \_\_\_\_\_  
 Packing Slip Order#: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Pick Up Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Item# \_\_\_\_\_ Item \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Item# \_\_\_\_\_ Item \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Item# \_\_\_\_\_ Item \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Item# \_\_\_\_\_ Item \_\_\_\_\_  
 Description: \_\_\_\_\_

**Reason for Return? Check Reason(s) Below.**

*\*Note: Merchandise purchased with a gift certificate must be exchanged for merchandise.*

*\*Customer Required to pay Return Freight unless merchandise is deemed defective or factory error. See "Replacement Order Shipping Charges"*

**Client Factory Carrier**

Wrong Size Ordered     Wrong Item Rcvd  
 Wrong Color Ordered     Wrong Size Rcvd     Damaged  
 Wrong Style Ordered     Wrong QTY Rcvd     Package Lost  
 Do not like item     Wrong Address     Wrong Address  
 Wrong Ship Method  
 Defective- Explain: \_\_\_\_\_

**Replacement Order Shipping Charges-** Choose one payment option:

Bill my CC#  
 Bill my UPS Acct# \_\_\_\_\_  
 Bill my FedEx Acct# \_\_\_\_\_

**Customer Request for Disposition:**

**NO Exchange – issue credit.**  
 **Exchange for:** Item# \_\_\_\_\_ Description \_\_\_\_\_  
 Item# \_\_\_\_\_ Description \_\_\_\_\_  
 Item# \_\_\_\_\_ Description \_\_\_\_\_  
 Item# \_\_\_\_\_ Description \_\_\_\_\_

**Replacement Order #:** \_\_\_\_\_ *\*Note: Your Replacement Order will be shipped upon receiving returned merchandise.*

Fill this form out completely and **FAX BACK** to HFHV 361-570-6192 Att: OM.  
 See instructions above.