

Return/Exchange Form

To return your Alien Gear Holster or holster accessory:

1. Print out this form and fill it out.
2. Mail this form along with the complete product you would like to return.

Please mail all returns to:

Alien Gear Holsters
 4301 W Riverbend Avenue
 Post Falls, ID 83854

If you do not have access to a printer, feel free to send a handwritten note.

Bill to: _____ NAME _____ ADDRESS _____ CITY - STATE - ZIP _____ PHONE NUMBER	Ship To: <input type="checkbox"/> Same as Bill To _____ NAME _____ ADDRESS _____ CITY - STATE - ZIP _____ EMAIL ADDRESS
Order Number: #AGH-	
Request: <input type="checkbox"/> Exchange <input type="checkbox"/> Warranty Replacement <input type="checkbox"/> Refund <input type="checkbox"/> Shell Swap	

NOTE: Any Alien Gear product purchased from an authorized Alien Gear Dealer must be returned to the origin of purchase for refund.

RETURN ITEMS		
REASON CODE:	1. Change of Mind 2. Incorrect Item 3. Item Not as Depicted 4. Uncomfortable 5. Other	
QTY	REASON CODE #	PRODUCT NAME & DESCRIPTION

NOTE: Free shell swaps are only offered for the Cloak Series. No ShiftShells can be exchanged outside of the 30 day test drive.

EXCHANGE ITEMS		
QTY	RIGHT / LEFT HAND	PRODUCT NAME & DESCRIPTION

PAYMENT	
If your exchange item(s) exceed the price of your returns, please select a method of payment:	<input type="checkbox"/> CHECK / MONEY ORDER (enclosed) <input type="checkbox"/> CALL ME TO CHARGE CREDIT/DEBIT CARD*
<i>*Please do not include credit card information on this form.</i>	

Additional Comments: _____

**Please be aware that Alien Gear Holsters does not refund shipping and handling. In addition, any return shipping is to be paid by the customer.*

Why are you returning/exchanging your Alien Gear Holster product(s)?

Select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Shipping/fulfillment time took too long | <input type="checkbox"/> Do not need at this time |
| <input type="checkbox"/> Found something else I like better | <input type="checkbox"/> Unwanted Gift |
| <input type="checkbox"/> Too complicated/too many pieces | <input type="checkbox"/> Received incorrect item |
| <input type="checkbox"/> Not worth the price | |
| <input type="checkbox"/> Other (please specify) | |

On a scale of 1 to 5, with 5 being the highest, how likely are you to shop with us again?

- 1 2 3 4 5

Is there any other feedback you wish to provide?