

RETURN/EXCHANGE PROCEDURE

We accept returns and exchanges of item(s) in new and unused condition with tags attached within 90 days of the original purchase date. When possible, use the original packaging to return wide brim hats. A hat that has been folded or damaged in shipment due to improper packaging will not be considered in new condition, and will not qualify for a refund.

1. Please complete the form below including the RETURN REASON CODE and enclose it with your return shipment.
2. Use the carrier of your choice to return your package; **postage is required** and insuring the package is recommended.
3. Please send your return package to:
 Sun Precautions, Inc.
 Attn: Returns/Exchanges
 3809 9th Avenue South
 Seattle, WA 98108

RETURNS: Your return will be credited upon processing at our offices.

EXCHANGES: Outbound shipping from our warehouse will be free. For an expedited exchange, please call 1-800-882-7860 to place a new replacement order, and your return will be credited upon processing at our offices.

The Solumbra Customer Service Team is available Monday through Friday 7AM - 5PM PST (excluding major U.S. holidays) at 1-800-882-7860 or via email at customerservice@sunprecautions.com

CUSTOMER INFORMATION	
NAME:	ORDER #:
PHONE #:	ADDRESS:

RETURN REASON CODES			
01 - Too Large	T2 - Changed Mind	T5 - Didn't Like Color	S2 - Wrong Item Sent
02 - Too Small	T4 - Didn't Like Style	T6 - Didn't Like Fabric	T1 - Returning Gift

RETURNED ITEMS					GIFT RETURNS AND EXCHANGES ONLY: <input type="checkbox"/> DO NOT NOTIFY GIFT GIVER
STYLE #	DESCRIPTION	SIZE	COLOR	RETURN CODE	COMMENT

REFUND METHOD: <input type="checkbox"/> Original Form of Payment <input type="checkbox"/> Solumbra Account Credit	EMAIL NOTIFICATION OF PROCESSED RETURN/EXCHANGE: Email Address: _____
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NEW ITEMS					
STYLE #	DESCRIPTION	SIZE	1ST COLOR CHOICE	2ND COLOR CHOICE	QTY

PLEASE TELL US WHERE TO SHIP EXCHANGE:

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	
EMAIL:	PHONE:		

IF ADDITIONAL PAYMENT IS REQUIRED:

Visa MasterCard Discover Amex Check or Money Order

Name: _____

Card Number: _____

Expiration: ____/____ Signature: _____