

Return & Exchange Form

DATE OF RETURN: _____

Original Stroller Strides Order Number: _____

Date of Original Order: _____

Customer Name: _____

Address: _____

Phone: _____

Email: _____

Please ship your items for return or exchange to the following address, with the original copy of this form, and a copy of your original receipt.

Stroller Strides LLC
1850 Diamond Street, Suite 102
San Marcos, CA 92078

Unless you are completing an even exchange, the following section must be completed in order for you to be credited or charged.

- Credit Card Type:
- Mastercard
 - Visa
 - Discover
 - American Express

Credit Card Number: _____

Expiration: _____

Number on Back: _____

Signature of Cardholder: _____

1. Check one:

- Return
- Exchange

2. Please list the item(s) you are returning or exchanging and the amount charged:

ITEM	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

3. If exchanging, list the items you would like to purchase instead:

ITEM	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

4. Total amount to credit or charge your card (#2 minus #3): _____

QUESTIONS?

Please contact
Summer at
866.FIT4MOM
OR
**retail@stroller
strides.com**