



Return/Exchange Form

Fulfillment Center
71 Railroad Avenue,
Dexter, ME 04930

877-704-4106

Customercare@shoeline.com

Order ID: _____

Billing Information		
Name:		
Address 1:		
Address 2:		
City:	State:	Zip:
Daytime Phone:		

Shipping Information		
Name:		
Address 1:		
Address 2:		
City:	State:	Zip:
Daytime Phone:		

Item Being Returned		
SKU/Style #:	Style Name:	
Size:	Color:	Price:

* The SKU is a series of numbers, which may be located on the box or inside the shoe.

Reason for your return:

SELECT ONE:

- I would like a REFUND. (Refund will show on your bank statement in 3-5 business days)
- I would like an EXCHANGE. Please send me the following:

SKU/Style #:	Style Name:	
Size:	Color:	Price: