CREDIT CARD PROCESSING FORM

BILLING ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	TYPE OF CARD: VISA	MASTERCARD	
CARD NUMBER:	EXPIRATION DATE:	/ DOLL/	AR AMOUNT:\$
I give Hoyt & Company permiss	sion to charge the amount listed above (pure DATF:		d number listed above.

RETURN POLICY

Quality control is very important to us. We'll do everything we can to make sure your order is processed correctly. If we have caused an error we will correct it and redo your order at no extra cost to you. Please email Lynne@HoytCompany.com within 14 business days after receiving your order. All returns must go through Hoyt & Company, not through hospital management

WE WILL NOT ACCEPT ANY RETURNS IF THE ITEMS HAVE BEEN WORN, LAUNDERED, PERSONALIZED WITH A NAME ITEMS RECEIVED WITHOUT a Return Authorization Number or outside of the Return Policy Guidelines will not be mailed back and will not be refunded. A RETURN AUTHORIZATION # IS REQUIRED TO RETURN MERCHANDISE

- > Returns will be accepted within 14 days of customers receiving there order
- > Returned Merchandise can be exchanged or receive an in-store credit good for six months from the RA# date. (No cash refunds)
- > There is a 15% restocking fee for returned merchandise (unless order was incorrect due to an error with Hoyt & Company)
- Hoyt & Company is not responsible for lost or stolen package
- Hoyt & Company reserves the right to limit the number of returns

If you have a return: Please email Lynne@HoytCompany.com. You will be given an Return Authorization # and emailed a form to be fill out with directions on sending the merchandise back to us. Once we receive the returned merchandise please allow 3 to 4 weeks for your return to be processed. You will be responsible for all shipping cost of your merchandise. The cost for shipping is \$8.00 to the hospital or \$12.00 to ship to your home.