



RETURN AUTHORIZATION FORM

Customer Name: _____

Address: _____

Phone: (____) _____ - _____

Email: _____

Order Number: _____

Product Name: _____

SKU or Item Number: _____

Reason for Return (Please be specific):

I would like to: Return this item for a refund Exchange this item (Shipping charges may apply**)

Please print this form, place in the box with the return and ship to:

GearUp2Go
Attn: Returns
2544 American Dr.
Appleton, WI 54914

(800) 920-7574

*Please allow 10-14 business days once return has been received for your refund or exchange to be processed.

**Shipping charges are the responsibility of the customer, unless the exchange is due to an error on our behalf.

IMPORTANT: All items should be returned in the ORIGINAL MANUFACTURER packaging, and in NEW condition. Any items not returned in this condition will be subject to a restocking fee, **MINIMUM 20%**.

All Information on this form must be completed in its entirety to avoid processing delays. **A restocking fee will automatically be applied to any item returned without a fully completed Return Authorization Form.**