

RETURN REPORT FOR GUNNARS.COM

RETURN **EXCHANGE** (check one)

Order #: _____

Name: _____

Phone #: _____

E-Mail Address: _____

Shipping Address: _____

City/State/Zip Code: _____

Original Purchase Date: _____

Return Authorization Date: _____

RA #: _____

(Returns without a Return Authorization Number will not be processed. Please call (858) 769-2500 with your Order # to obtain your Return Authorization Number.)

REASON FOR RETURN:

- Eyewear did not fill well
- I cannot get used to the yellow tint
- I need a prescription/Rx
- I would like to EXCHANGE for a single different pair:

Replace with Style: _____ Color: _____

If there is a retail price difference:

Please charge the difference on my Credit Card Type:

VISA / MC / AMEX / DISC (circle one)

CC #: _____

Expiration: ____ / ____ Security #: _____

The signature below authorizes GUNNAR Optiks to charge my credit card listed above to cover the difference in retail price & any additional charges incurred for my product exchange.

Signature: _____

Print Name: _____ Date: _____

Please ship your return to:

GUNNAR OPTIKS RETURNS

705 Palomar Airport Rd. Suite 100

Carlsbad, CA 92011