

# *Cowan and Lewis*

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## EXCHANGE FORM

Name \_\_\_\_\_

School \_\_\_\_\_

Phone: Home \_\_\_\_\_

Mobile \_\_\_\_\_

Class Number \_\_\_\_\_

Child's Name \_\_\_\_\_

Exchange required \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_ / \_\_

Reason for Refund \_\_\_\_\_

Invoice Date/No. \_\_\_\_\_

**Refund Policy: Items are to be returned in good condition within 30 days of purchase.**