Please Mail all Returns or Exchanges to:

Hampton & Co.
Return/Exchange
60b Jobs Lane
Southampton, NY 11968
631.283.2899

HAMPTON & CO.

Name: Order No:

Address: Home Phone:

Work Phone:

City: State: Zip: Email:

Please ensure all original tags are on the garments.

ACTION DESIRED
CHECK APPROPRIATE BOX

☐ Please replace ☐ Please exchange

☐ Please refund (by method of payment)

☐ Other (Explain) _____

_____

REASON
CHECK APPROPRIATE BOX

☐ Defective ☐ Damaged

☐ Wrong merchandise ordered (item, size, color)

☐ Wrong merchandise sent (item, size, color)

☐ Other (Explain) _____

_____

PLEASE FILL IN THIS SECTION WITH ITEM(S) BEING RETURNED

Item#	Description	QTY.	Price Ea.	Total

PLEASE FILL IN THIS SECTION FOR ORDER REPLACEMENT OR EXCHANGE ITEMS

Item#	Description	QTY.	Price Ea.	Total

PLEASE CHECK FORM OF PAYMENT/CREDIT FOR ADDITIONAL ITEMS OR DIFFERENCE IN PRICE OF EXCHANGED ITEM(S)

☐ Check enclosed ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date _____

Signature _____