

RETURN/EXCHANGE REQUEST FORM

Order Number: _____ Order Date: _____
Scrip Coordinator Name: _____
Scrip Coordinator Cell/Tel #: _____ Scrip Coordinator email: _____
Organization Name: _____

Reason for Return/Exchange: _____

Items being Returned/Exchanged:

Qty	Denomination	Gift Card Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- A) Total Dollar Amount of the Face Value of gift cards being Returned/Exchanged: (The face value equals the full retail value of each gift card).

\$_____._____

- B) Total Dollar Amount of Your Organization's **Discounted** Cost for the gift cards being Returned/Exchanged: (The discounted cost equals the amount you actually paid for the gift cards being Returned/Exchanged.)

\$_____._____

- C) Return/Exchange Restocking Fee (10% of Face Value, minimum \$5.00) (e.g. If you were Returning/Exchanging 1 x \$100 Macy's card, 10% of the face value would be \$10.00. If you were Returning/Exchanging 1 x \$10 Claire's card, the cost to restock would be \$5.00 since the minimum restocking fee is \$5.00)

\$_____._____

- D) Amount of Credit Toward Your Return/Exchange (B [cost] – C [Restocking Fee] = D):
(e.g. In our Macy's example listed above in letter C, the calculation would be:
\$91.00 - \$10.00 = \$81.00)

\$_____._____ This is the amount credited to your organization for a return or applied against newly requested cards for an exchange.

Requested Items to Exchange For:

Qty	Denomination	Discount Price	Gift Card Name
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

E) Total Dollar Amount of Your Organization's Discounted Cost for the gift cards being newly requested:

\$____.____

F) Amount Owed for Exchange (If D is larger than E, Gift Cents must credit your account. If E is larger than D, your organization owes Gifts Cents the difference.)

If you owe Gift Cents money based on your return or exchange, please enclose a check from your organization, along with the cards you are exchanging. Indicate the check total you are sending here:

\$____.____

Send your return/exchange gift cards and/or check owed to:

Gift Cents
Attn: Return/Exchange
PO Box 640034
Oakland Gardens, NY 11364