



# return and exchange form

Ship to: YOBI RETURN ORDER  
1733 Dairy Road, Charlottesville, VA 22903  
434-242-3449

**Billing Address:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone Number ( ) \_\_\_\_\_

Email \_\_\_\_\_

Original Order Number \_\_\_\_\_

**Shipping Address (if different):**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone Number ( ) \_\_\_\_\_

**Items Being Returned**

Quantity	Color Code/Name	Price

**Exchange for the Following Items**

Quantity	Color Code/Name	Price

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_