

Exchange Authorization Form

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Invoice/Order Number: _____

Please list the item numbers you want to receive in exchange

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

You may cut on the dotted line and tape this to the outside of a separate return box. Do not use the product box itself.

Please include top portion inside of the box.

-----Cut Here-----

FontaniniGifts.com

912 Madison Ave.

Howards Grove, WI 53083

Attn: Exchange Department