RETURN MERCHANDISE FORM

(No phone call required)

Your satisfaction is extremely important to OsoGrandeKnives. If you need to return a product, we will make every reasonable effort to satisfy you.

We will accept product returns in unused, unaltered condition with original undamaged packaging within 15 days of purchase. for refund, credit or exchange. After 15 days, we will offer an exchange or Oso Money (store credit) with proof of purchase. ALL RETURNS ARE SUBJECT TO A MINIMUM 20% CHARGE (Except miss-shipped product). Please refer to our "return policy" for complete details.

Complete this form in its entirety to ensure your return is processed quickly and accurately. Include this form with the product(s) you wish to return.

- 1. Ship original form with your return. Keep a copy for your records.
- 2. Return item(s) and all related components to OsoGrandeKnives (in original packaging).
- 3. Please return via USPS to: OGK Returns, PO Box 897, Bonners Ferry, ID 83805-0897
- 4. All returns will be processed as Oso Money (store credit) unless indicated otherwise below.
- 5. Please make sure you are compliant with shipping restrictions of hazardous materials.
- 6. Returns greater than 30 days from date of purchase will not be accepted by OsoGrandeKnives and should be returned to the manufacturer.

Name:	Customer # or address:					
☐ Che	ck here if you ar	e return	ing the entire or	rder. Include invo	oice number and e	xplanation below.
Invoice # c Original Product # Purchase		Qty	Reason Code (see below)	Exchange for Product # (if applicable)	Explanation of Defect or Problem	
Example: 186073	1234567	- 1	А	186073	Wrong Size.	
(Please include	e a separate sheet	of paper	with additional p	roducts to be retu	med or other relevar	nt information, if necessary.)
A. Product received damaged E. Incorrectly ordered I. No longer needed/wanted		F. Different from website description		ce description (C. Wrong size G. Did not order	
Action requested:		Oso Money (Store Credit)		dit)	Exchange	☐Refund*
*Refunds offered	for returns less than 3	0 days from	n date of purchase			
If exchange re	equest is of greater	value, pl	ease include cred	lit card information.		
-				CIE	Number	(Last 3 digits on signature line)
Expiration date:		Signature:				
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ATTENTION: CUSTOMER RETURNS
PO BOX 897
BONNERS FERRY, ID 83805-0897
INVOICE #