



At PajamaCity.com, you may exchange or return any product in its original, unused condition within 90 days.

NO RESTOCKING FEE AND NO QUESTIONS ASKED.

- **EXCHANGE FOR DIFFERENT ITEM?** Please fill out Step 1, 2 & 3.
- **RETURNS?** Please fill out Step 1 & 2 BELOW.
- **EXCHANGES FROM GOOGLE CHECKOUT OR AMAZON CUSTOMERS?**

Our system cannot process exchanges for Amazon or Google Checkout orders. Please return the item to us for a refund and order a replacement from the web (or call us to place a new order).

STEP 1	How would you like us to handle your exchange/return?
<input type="checkbox"/>	Exchange
<input type="checkbox"/>	Refund
<input type="checkbox"/>	Store Credit

STEP 2	List items you are returning - including reason for return:												
ITEM	REASON CODE(S)												
REASON CODES: Please help us improve our products by selecting a reason for your return. <table border="0"> <tr> <td>1. Body too short</td> <td>5. Feet too long</td> <td>9. Fabric not warm enough</td> </tr> <tr> <td>2. Body too long</td> <td>6. Feet too short</td> <td>10. Fabric too warm for me</td> </tr> <tr> <td>3. Too tight</td> <td>7. Want different print/color</td> <td>11. Damaged/defective</td> </tr> <tr> <td>4. Too wide</td> <td>8. Just don't like footies :(</td> <td>12. Oops - wrong item received</td> </tr> </table>		1. Body too short	5. Feet too long	9. Fabric not warm enough	2. Body too long	6. Feet too short	10. Fabric too warm for me	3. Too tight	7. Want different print/color	11. Damaged/defective	4. Too wide	8. Just don't like footies :(12. Oops - wrong item received
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STEP 3	List items you would like us to ship in exchange:		
QTY.	ITEM	SIZE	COLOR

NEW SHIPPING ADDRESS?	Or other comments? Write them here.

OPTIONAL	Please help us improve our products by sharing your specs...	
HEIGHT:	APPROXIMATE WEIGHT:	APPROXIMATE WAIST / CHEST:

Please track or insure your return:

PAJAMACITY.COM
 1041 SWAN CREEK DR - SUITE B
 BALTIMORE, MD 21226

Office Use Only
Return processed by: _____
<input type="checkbox"/> TU <input type="checkbox"/> CE <input type="checkbox"/> IU
<input type="checkbox"/> RE <input type="checkbox"/> RS <input type="checkbox"/> EXS
<input type="checkbox"/> RE by: _____ Date: _____
<input type="checkbox"/> PA/RE Method: _____