

# Consumer Care – Defective Product Return Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Return Shoe Information			
Style	Size	Width	Purchased at:

Purchase Price \$ \_\_\_\_\_ *(Include Copy of Receipt)*

Reason For Return: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*For your own protection we suggest that you send your return via insured parcel post or another method you can trace.*

*Please use Return label below:*



From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Brown Shoe Company, Inc.  
 Consumer Care  
 1000 East Main St.  
 Fredericktown, MO 63645-9998

**Please Allow 3 Weeks For Processing**