MEDIA EDUCATION FOUNDATION RETURN & EXCHANGE FORM

Please type in the appropriate information below, then print this form.

Have Any Questions?

(You may also print the form and complete it by hand)

Please call us at 800.897.0089

Originally Purchased by:						
Customer Account # (if available):	Send I	Send Refund or Exchange to: (If different from left)				
Name:	Name:					
Address:	Address:					
(City) (State) (Zip) Phone: () () (Daytime) (Evening)	(City) Phone: () (Dayti	me)	(State) ()	(Zip)	
Email Address:	Email Ac					
Please select one of the following options: Exchange for another item(s). Reimburse my original method of payment. Issue me a credit and leave it on my account. Step 2 — Returns In the form below please i	indicate the item(s) yo	u are returning	, including a reas	son code.		
REASON CODE TITLE OF FILM			QUANTITY	PRICE	TOTAL PRICE	
Reason Code Old Quality Old Quality unsatisfactory Old Defective Old Not what I expected Old Not as described Old Not as described Please fill in the titles	PERFORMANCE/SER 21 Shipping damage 22 Wrong item shipp	ed	vour return			
	s you wish to receive	il excilatinge for	your return.			
TITLE OF FILM		ITEM CODE	ITEM PRICE	QUANTITY (DVD) (VHS)	SUBTOTAL PRICE	
			SHIPPI	NG & HANDLING		
Sten 4 — Payment				TOTAL		
Step 4 — Payment	Cuadit Caud In	formation		TOTAL		
Step 4 — Payment Method of Payment: If the total of your exchange or new order exceeds the value of your return, please provide a method of payment.		oformation: □ VISA □ American Ex	press	TOTAL		