



RETURN AUTHORIZATION FORM

CONTACT INFORMATION

R.A. #: _____

Name: _____ Order #: _____

Address: _____

Phone Number: _____ Email Address: _____

PRODUCT INFORMATION

Sku/Clear Description: _____ Size: _____

Reason for return/exchange *(please be as detailed/specific as possible of issue and location on item):*

How would you like us to handle your return? *(please check one)*

Exchange _____ Refund _____ Store Credit _____

REPLACEMENT ITEM INFORMATION *(for EXCHANGE purposes)*

Sku/Clear Description _____ Size: _____

Upon completion of form and receiving R.A. number from us, send product in original packaging to:

Attn: Web Returns

Saddle Rags, The Western Store

3021 W. Washington St. Stephenville, TX 76401

Please DO NOT send back an item without requesting an R.A. number first. Otherwise, there is no guarantee we receive the item for you to be credited in the correct manner.

Questions? Call the store at (254) 965 – 8892