

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
 103 S. Acres
 Sikeston, Missouri 63801

Please Allow 3 Weeks For Processing