

# Tropical Rider

1107 Key Plaza #309  
Key West FL. 33040  
Phone (800)-699-8560 Fax (305)-517-6111

## Refund and Exchange Form

Original Order # \_\_\_\_\_

1. Original Purchaser Information	2. Gift Recipient Information
Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____

**3. Please tell us what you would like to do.**

Refund Purchaser    Credit will be applied to credit card used for original purchase.

Exchange                Please fill out section #4.

**4. Please tell us what you would like us to send you.**

Qty	Item Name	Color	Size	Seat Style	Comments