

# Tropical Rider

Tropical Rider, Inc.  
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## 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	
<input type="radio"/> Refund Purchaser	Credit will be applied to credit card used for original purchase.
<input type="radio"/> 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