

Request a Return Authorization

RETURN INFORMATION

Order Number: _____

Product Model Number: _____

Product Name: _____

Select reason for Return:

- Did not Like**
- Wrong Size**
- Wrong Color**
- Wrong Item**
- Arrived Damaged**
- Other Please Explain:** _____

Contact Information

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Please Note:

Completing a Request for a Return Authorization does NOT guarantee acceptance of request by MobilityWorks. Request must comply with MobilityWorks Return Policy and is subject to conditions thereof.

Restock Fees do apply to certain products. Please see the MobilityWorks Return Policy for details.

Products must be returned to MobilityWorks in original packaging.

Returns must be submitted within 30 days of delivery. Returns older than 30 days will not be authorized.

Products not eligible for return will not be issued an Authorization Number. Please see the MobilityWorks Return Policy for details.