



TMW MEDIA GROUP INC. / FIRST LIGHT VIDEO PUBLISHING

SEND RETURNS TO: Attn: Returns Department, 2321 Abbot Kinney Blvd., Venice, CA 90291

RETURN/EXCHANGE FORM

RETURN / EXCHANGE 30-DAY GUARANTEE:	EXCHANGES / DEFECTIVES::
<ul style="list-style-type: none"> Your satisfaction is our number one priority. Should you need to return, exchange or refund a product, please fill out the enclosed form and return it to us with a copy of your original invoice. Please indicate clearly whether you are requesting an exchange or refund. Original shipping & handling charges are not included. All returns must be issued within 30 days from receipt of purchase. You may return unopened programs within 30 days for a full refund. Refunds on opened programs will be less 25% restocking charge. A copy of this form may be downloaded directly from our website in the "Contact Us" section. 	<ul style="list-style-type: none"> EXCHANGES: Simply send the original program back to us with an explanation of the new item you would like to purchase. Once received a replacement will be sent out to you. Please include any additional payment for any exchange cost differences plus additional shipping & handling. DEFECTIVES: Any defective program will be replaced by us immediately. Simply send the program back to us with an explanation of the defect. Once received a replacement will be sent out to you. Appropriate credit/refund will be made by original method of payment.

ORDERED BY:	REPLACEMENT SHIP-TO ADDRESS:
Name:	Name:
School / Institution:	School / Institution:
Department:	Department:
Address:	Address:
City:	City:
State:	State:
Zip:	Zip:

Daytime Phone:	Email:
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SALES ORDER #:	ORDER DATE:	RETURN DATE:	ORIGINAL METHOD OF PAYMENT:
	__/__/__	__/__/__	Credit Card: <input type="checkbox"/> Check: <input type="checkbox"/>
EXCHANGE REQUESTED:	REFUND REQUESTED:	CREDIT CARD NO: / EXP. DATE	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____/____/____	

ITEM #	DESCRIPTION	QTY.	PRICE:	REASON FOR RETURN:

EXCHANGE REQUESTED:			
ITEM #	DESCRIPTION	QTY.	PRICE:

Sign: _____ Date: _____ Amount: \$ _____
 Authorization to charge my credit card for the additional payment required for any exchange cost differences plus additional shipping & handling.

THANK YOU FOR YOUR ORDER. Please contact CUSTOMER SERVICE if there are any questions regarding this order:
 Call: 310-577-8581 Fax: 310-574-0886 Email: questions@tmwmedia.com