



Salesforce # _____

Consumer Rep: _____

Red Wing Shoe Co.
Attn: Return Dept.
135 Cannon River Ave ♦ Red Wing, MN 55066
1-800-733-9464

Customer.service@redwingshoes.com

RED WING SHOE COMPANY RETURN FORM

1. CONTACT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email address: _____

2. CHOOSE REASON FOR RETURN Left boot Right boot (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 30 Day Comfort Guarantee | <input type="checkbox"/> Hooks/eyelets |
| <input type="checkbox"/> Soles Failing | <input type="checkbox"/> Squeaking |
| <input type="checkbox"/> Safety Toe failing | <input type="checkbox"/> Stitching coming undone |
| <input type="checkbox"/> Leaking | <input type="checkbox"/> Recalled boot |
| <input type="checkbox"/> Rip in Lining | <input type="checkbox"/> Other (please explain) |

***If boots are found not defective:** Please return boots Please Discard

3. BOOT INFORMATION:

Style #: _____ Width: _____ Size: _____ (verified by returns)

4. Is the boot within the limited warranty period? (For complete limited warranty information, please visit redwingshoes.com)

Yes No

(Red Wing, Heritage, Vasque and Irish Setter Hunt=12 month warranty., Irish Setter Work and Worx = 6 months warranty)

5. DROP OFF BOOTS AT UPS LOCATION. (keep tracking information for your records)

Internal Use Only

Date: _____ Style/Width/Size returned: _____ MFG Date: _____

RMM return code: _____ Signed by: (returns): _____

Replace Exchange for _____ Refund (must have receipt)

RUO: _____ \$ _____ RCS: _____ \$ _____ Style/Width/Size sent: _____