



Replacement Request Form

5300 Patterson Avenue SE

Grand Rapids MI 49530

Purchase Date:
Purchase Location:
Name:
Address (must be a street address as we can not ship to a PO Box):
Address 2:
City, State, Zip:
Email:
Phone:
Title or Description of Product: Please let us know if your Bible is indexed (half moon cut outs with books of Bible)
ISBN: (found on the very back outside cover and will begin with 0310)
Description of defect:

****Please tear out and send the original copy right page. We can not accept copies of the page****

Office Use Only

Authorized Customer Representative:

Name

Date

Please allow 2 - 3 weeks for processing.