

RETURN AUTHORIZATION FORM

Please fill this form out completely!

Sold To:	
Name:	
Address:	
City:	
State:	Zip:
Country:	
Phone:	Fax:
Email:	

Method Of Original Payment:
__ Visa __ MasterCard __ PayPal __ Check __ M/O
Name on Card: _____
Credit Card #: _____
Expiry Date: _____
PayPal Email: _____

Invoice Number: _____

Order Number: _____

Copy of Invoice Included?: ___ Yes ___ No

Product Code	Description

Explain your reason for your Return ie: what you need - items you want exchanged etc.

Unwanted merchandise may be returned within 90 days from the date of order in original packaging material..

There is a 15% administration fee on all refunds. No fees for exchanges.

Original shipping and handling and return postage charges will not be refunded. Manufacturer defective merchandise will be exchanged if returned within 90 days from the date of order. No refunds for items on Sale, Special, or Bargains.

For Office Use Only:	
Received By: _____ Items Condition: _____ _____ Re-Sellable?: ___ Yes ___ No Date Replacement issued: _____ Date Refund Issued: _____	Comments: _____ _____ Date Material Received:

All returns **MUST** be accompanied by this form.