

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: _____
Last 4 digits of your Credit Card #: _____
Expiry Date: _____
PayPal Email: _____

Invoice Number: _____

Order Number (purchase order #): _____

Copy of Invoice Included? ___ Yes ___ No

Product Code	Description

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

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 Manufactured Seconds, Discounted or Bargain items.

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.