



Return Request Form

Date: _____

Customer Name: _____ Order#: _____

ALL PRODUCT RETURNS MUST BE IN RESALABLE/UNUSED CONDITION

What item(s) are you Returning?

Reason for Return?

Refund Amount: _____

Payment Type: (Check one)

CREDIT CARD

CHECK

Return Shipping Label Address: ***CUSTOMER IS RESPONSIBLE FOR SHIPPING CHARGES UNLESS OTHERWISE STATED***

Customer Name		
Address		
City	State	Zip

ALL SHIPPING CHARGES ARE NON-REFUNDABLE

For Office Use ONLY	Refund Approved?	Product Return Inspection Approved by: _____ Technician
	YES <input type="checkbox"/>	Approved for Processing by: _____ Operations Manager
	NO <input type="checkbox"/>	If not approved, explain: _____

Date Received: _____ Date Processed: _____ Refund Processed by: _____