



## Return Request Form

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Order#: \_\_\_\_\_

**\*ALL PRODUCT RETURNS MUST BE IN RESALABLE/UNUSED CONDITION UNLESS OTHERWISE STATED\***

What item(s) are you Returning?

\_\_\_\_\_

Reason for Return? **\*ALL RETURNS WILL BE MADE BACK TO THE ORIGINAL FORM OF PAYMENT UNLESS OTHERWISE STATED\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_