

RETURN AUTHORIZATION FORM

Name you used for ordering _____

Company Name if needed _____

Did you order item over the phone or on the web Check One.

Phone No. _____

Date of Order M/D/Y _____

List Items:

Reason for return:

If repair or exchange is necessary, give return address:

Name _____

Street Address _____

State _____ Zip Code _____

If exchange is expected all item packaging will need to be returned.

***PLEASE INCLUDE THIS FORM WITH YOUR ITEM AS WELL AS ANY
INVOICES IN THE PACKAGE. WILL NOT PROCESS WITHOUT THIS FORM.***