



FAX TO 215-256-9006 - PLEASE PRINT
TO AVOID ANY DELAY IN PROCESSING, COMPLETE IN FULL.
ALL INFORMATION TO BE HELD IN CONFIDENCE.

Request for Return Form

Order Information

RA#:

Date:

Acct. # _____
Customer Name _____
Address _____
City _____ St. _____ Zip _____
Email _____
Phone _____
Fax _____

Sales Order # or Invoice # _____

No returns will be accepted without either the sales order number or invoice number. This form is proof of pick up only. Credit will be issued once the merchandise is determined to be in re-saleable condition. Special orders are not subject to return. Thank you.

Items to be Returned

<u>Qty.</u>	<u>Product #</u>	<u>SO or Invoice #</u>	<u>Description</u>	<u>Reason for Return</u>

Reason for Return

Please list the number in the box above.

Description of damages and / or defects

- | | |
|---------------------------|----------------------------|
| 1. Pulling Error | 7. Shorted |
| 2. Billing Error | 8. Salesman Error |
| 3. Duplicate Order | 9. Customer Did Not Order |
| 4. Samples | 10. Customer Ordered Wrong |
| 5. Customer Service Error | 11. Defective / Damaged |
| 6. Purchasing Error | 12. Merchandise Destroyed |

Return Policy: Return all items in resalable condition. Credit will be issued if returned within 15 days. Include all packaging and instructions. Special orders and custom orders are not returnable. Simply fax this form to our Customer Service Department at 215-256-9006. For questions. Contact 800-270-7074. Thank you!

Customer Signature _____ Picked up by _____