

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 the Credit Card #: _____
Expiry Date: _____
PayPal Email: _____

Invoice Number: _____

Order Number: _____

 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?: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Replacement issued: _____ Date Refund Issued: _____	Comments: Date Material Received: _____

All returns **MUST** be accompanied by this form.