

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.