

## RETURN AUTHORIZATION FORM

Please fill this form out completely!

<b>Sold To:</b>
Name: _____
Address: _____ _____
City: _____
State: _____ Zip: _____
Country: _____
Phone: _____ Fax: _____
Email: _____

<b>Method Of Original Payment:</b>
__ Visa __ MasterCard __ PayPal __ Check __ M/O
Name on Card: _____
Last 4 digits of Credit Card #: _____
Expiry Date: _____
PayPal Email: _____

Original Invoice #: \_\_\_\_\_ or Original Shopping Cart #: \_\_\_\_\_

Copy of Invoice / Shopping Cart Order Included?:     Yes     No

Bar Code	Cart Code	Description	Reason for return

**Explain your request ie: what you want items you want exchanged**

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: _____
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All returns MUST be accompanied by this form.