



RETURN FORM

PLEASE FILL THIS FORM OUT
COMPLETELY TO ENSURE
REFUND/EXCHANGE PROCESS.

Name _____ Email _____
 Address _____ Phone(Day) _____
 City _____ Phone(alternate) _____
 State, Zip _____ Invoice # _____

Items Being Returned **** ITEMS MUST BE RETURNED WITHIN 30 DAYS OF PURCHASE DATE. REFUNDS WILL BE OF THE INITIAL PURCHASE PRICE EXCLUDING ANY SHIPPING CHARGES. NO RETURNS WILL BE ACCPETED AFTER 30 DAYS ****

QTY	Part #	Description	Price Each	Total
<input type="checkbox"/> Damaged/Defective <input type="checkbox"/> Not satisfied <input type="checkbox"/> Wrong item <input type="checkbox"/> Other		Brief explanation:		

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Order Replacement Items Here

QTY	Part #	Description	Price Each	Total

Indicate Desired Option

- Replace/Exchange
- Refund (original form of payment refunded)
- Other _____