



Tel: 800-229-6467
 Fax: (631) 491-1745

RETURN MERCHANDISE FORM

Include: This Form with Returned Merchandise

Business Name (Dealer's only): _____

Name: _____

Street Add.: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

Email: _____

Order Invoice # _____

Return Authorization # _____

(Call / Email for number)

Date: _____

Phone: _____

OFFICE USE ONLY

DATE RECEIVED: _____

CODE

- ___ Shipment Damaged
- ___ Customers Choice
- ___ Product Problem
- ___ Factory Error

RETURN TO

- Stock _____
- Factory _____
- Shelf _____

Return Total: \$ _____ Credit: \$ _____

I AM RETURNING:

ITEM NO	PART NUMBER	RETURNED MERCHANDISE	QTY	UNIT PRICE	TOTAL PRICE
1					
2					
3					
4					
					ORDER TOTAL

ITEM NO	REASON FOR RETURN
1	
2	
3	
4	

CREDIT WILL BE ISSUED TO CREDIT CARD USED FOR ORIGINAL ORDER.

PLEASE ENTER EXCHANGE OR REPLACEMENT STOCK # BELOW

ITEM NO	PART NUMBER	REPLACEMENT MERCHANDISE	QTY	UNIT PRICE	TOTAL PRICE
1					
2					
3					
4					
					ORDER TOTAL

CREDIT CARD INFO

NAME ON CARD: _____

CARD #: _____ - _____ - _____ - _____ EXPIRES: ____ / ____ / ____ CODE: _____

BILLING ZIP: _____