PRODUCT RETURN & PACKAGE SHIPPING REQUEST FORM

_____ RETURN A PRODUCT ☐ SHIP A PACKAGE ☐
DATE

PRODUCT RETURNS (please print clearly)

_____ _____
CONTACT NAME EMAIL ADDRESS

_____ _____
PHONE NUMBER PACKAGE LOCATION-BUILDING/ROOM #

_____ _____
ORIGINAL PO NUMBER ORIGINAL REQ. NUMBER

_____ _____
COMPANY NAME COMPANY PHONE #

_____
SHIP TO ADDRESS

_____ RESTOCK FEE? YES ☐ NO ☐ IF YES, HOW MUCH? _____
RMA# (if known)

ITEMS RETURNING:

_____ _____ _____ CREDIT ☐ EXCHANGE ☐ (only if item is defective)
LINE # CATALOG NUMBER QTY

_____
REASON FOR RETURN

_____ _____ _____ CREDIT ☐ EXCHANGE ☐ (only if item is defective)
LINE # CATALOG NUMBER QTY

_____
REASON FOR RETURN

_____ _____ _____ CREDIT ☐ EXCHANGE ☐ (only if item is defective)
LINE # CATALOG NUMBER QTY

_____
REASON FOR RETURN

PACKAGE SHIPPING

_____ _____
CONTACT NAME EMAIL ADDRESS

_____ _____
PHONE NUMBER PACKAGE LOCATION-BUILDING/ROOM #

_____
DEPARTMENT ACCOUNT NUMBER (for shipping charges)

_____ _____
NUMBER OF PACKAGES PACKAGE CONTENTS

SHIP VIA:

OVERNIGHT ☐ GROUND ☐ FREIGHT CARRIER ☐
If shipping via freight carrier, please provide dimensions and approximate weight

_____
INSURANCE REQUIRED YES ☐ NO ☐ if yes, how much? _____

_____
SHIP TO ADDRESS (if shipping to multiple locations, please provide below)

_____
_____
_____
_____