



RETURN REQUEST FORM

Date:		

CONTACT INFO						SALE INFO				
Name:						Purchase Date:				
Phone: E-mail:						Sales Receipt #:				
Address:							Refund Request:			
City:				State:	Zip:					
RETURN		<u>MATION</u>				_	_	_		
Item #	Qty	[Descripti	on	Serial #		Reason for Return			
							☐ Wrong Item Ordered ☐ Received Wrong Item ☐ Damaged/Defective/Vision ☐ Rental ☐ Other		-	
							I — ·		Received Wrong Item Dar	•
							☐ Wrong Item Ordered ☐ Received Wrong Item ☐ Damaged/Defective/ ☐ Rental ☐ Other		-	
									☐ Received Wrong Item ☐ Dan☐ Other	
							☐ Wrong Item Ordered☐ Rental		☐ Received Wrong Item ☐ Dar	= = = = = = = = = = = = = = = = = = = =
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OFFICE U	<u>USE ON</u>	LY (Do not	t write i	n this section			_			
Technician Notes:						ADMIN ONLY:				
							Approved by:			
							Return Receipt Number:			
							Refunded By:			
						Date Refund Issued:				
Technician Sign off:						Sales Associate:				