



RETURN REQUEST FORM

Date: _____

CONTACT INFO			
Name: _____			
Phone: _____		E-mail: _____	
Address: _____			
City: _____		State: _____	Zip: _____

SALE INFO	
Purchase Date: _____	
Sales Receipt #: _____	
Refund Request: <input type="checkbox"/> Credit to PCI Account <input type="checkbox"/> Credit Card	

RETURN INFORMATION				
Item #	Qty	Description	Serial #	Reason for Return
				<input type="checkbox"/> Wrong Item Ordered <input type="checkbox"/> Received Wrong Item <input type="checkbox"/> Damaged/Defective/Warranty <input type="checkbox"/> Rental <input type="checkbox"/> Other _____
				<input type="checkbox"/> Wrong Item Ordered <input type="checkbox"/> Received Wrong Item <input type="checkbox"/> Damaged/Defective/Warranty <input type="checkbox"/> Rental <input type="checkbox"/> Other _____
				<input type="checkbox"/> Wrong Item Ordered <input type="checkbox"/> Received Wrong Item <input type="checkbox"/> Damaged/Defective/Warranty <input type="checkbox"/> Rental <input type="checkbox"/> Other _____
				<input type="checkbox"/> Wrong Item Ordered <input type="checkbox"/> Received Wrong Item <input type="checkbox"/> Damaged/Defective/Warranty <input type="checkbox"/> Rental <input type="checkbox"/> Other _____
				<input type="checkbox"/> Wrong Item Ordered <input type="checkbox"/> Received Wrong Item <input type="checkbox"/> Damaged/Defective/Warranty <input type="checkbox"/> Rental <input type="checkbox"/> Other _____

OFFICE USE ONLY <i>(Do not write in this section)</i>	
Technician Notes: Technician Sign off: _____	ADMIN ONLY: Approved by: _____ Return Receipt Number: _____ Refunded By: _____ Date Refund Issued: _____ Sales Associate: _____

Thank you for your business!

New, unopened items can be exchanged within 30 days of purchase and must be accompanied with a receipt. Returns/refunds are subject to a restocking fee. Special Order or Modified Items are final sale.