

RETURN FORM



Date: ___ / ___ / ___

Dealership: _____

Contact Name: _____

Phone Number: _____

Farmer Name: _____ Phone Number: _____

Original Order Number: _____ Date of Order: ___ / ___ / ___

Point Model: _____ Quantity Returning: _____

Reason for return:

Points unused and in original condition: YES NO
(Please circle applicable)

Signature: _____

All fields must be completed before return can be processed. Returns are accepted only within 60 days of delivery. Maxipoint reserves the right to not accept returns of any product or order. Maxipoint will only issue a credit for returned points; no refund payment will be made by Maxipoint. Freight on returned points will not be covered by Maxipoint. A 15% restocking fee will be issued on all returned points.

Maxipoint Admin Use Only

Parts Returned: _____ Quantity Returned: _____

All parts in original condition and back in stock: YES NO

Authorized: _____ Date: ___ / ___ / ___

Notes: _____