

**AMERICAN DETECTOR DISTRIBUTORS LLC
XP RETURN AUTHORIZATION FORM**

IF POSSIBLE RETURN PROCESS SHOULD BE HANDLED BY DEALER FOR THEIR CUSTOMER

DATE: ___/___/___ XP RETURNS ISSUED RMA NUMBER: _____

DEALERSHIP NAME: _____

DEALERSHIP PHONE & E-MAIL: _____

CUSTOMER NAME: _____

CUSTOMER PHONE: _____

CUSTOMER EMAIL: _____

CUSTOMER ADDRESS: _____

CUSTOMER DATE OF PURCHASE: ___/___/___ (*COPY OF RECEIPT IS REQUIRED*)

ITEM NAME(S) AND PART NUMBER:

ITEM SERIAL NUMBER (IF APPLICABLE): _____

REASON FOR RETURN/REPAIR/REPLACEMENT: _____

XP SERVICE CENTER USE ONLY BELOW THIS LINE

ACTION TAKEN: _____

