







1521 Dogwood Dr.  
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**IMPORTANT NOTICE!**

INSPECT ALL PACKAGES IMMEDIATELY!!  
ALL DAMAGED GOODS, SHORTAGES OR RETURNS MUST BE REPORTED WITHIN 2 DAYS!  
ALL RETURNS AND/OR EXCHANGES MUST INCLUDE THIS COMPLETED FORM.

**DAMAGED GOODS OR SHORTAGES**

**DAMAGED MERCHANDISE:**

- \*IF CONTAINER IS OPEN, CHECK FOR DAMAGED PIECES AND REPORT IT TO THE CARRIER IMMEDIATELY.
- \*DO NOT RETURN THE DAMAGED PART TO US.
- \*LEAVE BOX "AS IS" WITH PACKING MATERIAL INSIDE - CARRIER WILL PICK UP FOR INSPECTION

YOUR REPLACEMENT PART WILL BE SHIPPED WHEN THE DAMAGE CLAIM IS FINALIZED.

**SHORTAGES:**

- \*CHECK CONTENTS OF BOX IMMEDIATELY.
- \*CHECK INVOICE FOR BACKORDERS AND NUMBER OF BOXES SHIPPED.
- \*CHECK PACKING MATERIAL FOR PARTS.
- \*MANY TIMES WE PACK ITEMS INSIDE OTHER ITEMS FOR PROTECTION.

**RETURNS:**

- \*PLEASE CALL FOR A RETURN AUTHORIZATION NUMBER. PACKAGES WITHOUT RA # ON OUTSIDE OF BOX WILL BE REFUSED.
- \*ENCLOSE A COPY OF THE INVOICE AND INFORMATION CONCERNING THE REASON FOR THE RETURN.
- \*PART MUST BE IN THE ORIGINAL PACKAGES AND PERFECT CONDITION. ITEMS RETURNED THAT ARE NOT IN RESALABLE CONDITION WILL BE RETURNED TO THE CUSTOMER. CUSTOMER WILL BE RESPONSIBLE FOR RETURN FREIGHT CHARGES. RETURNS WILL NOT BE ACCEPTED IF ANY ALTERATIONS HAVE BEEN MADE TO THE PART.
- PLEASE BE SURE TO INSURE THE RETURNED ITEMS FOR FULL VALUE.
- YOU WILL BE REIMBURSED FOR SHIPPING IF WE WERE IN ERROR ON YOUR SHIPMENT.
- \*ALL RETURNS AFTER 15 DAYS ARE SUBJECT TO 20% RESTOCKING FEE - AFTER 30 DAYS A 30% RESTOCKING FEE - AFTER 60 DAYS A 50% RESTOCKING FEE - **ABSOLUTELY NO RETURNS AFTER 90 DAYS**, WILL BE HANDLED AS A CREDIT FOR FUTURE USE
- **NO CASH REFUNDS OR CREDIT CARD REFUNDS - NO INVOICE-NO RETURN!!!**

\*KEEP YOUR INVOICE, IT IS YOUR ONLY PROOF OF PURCHASE.

**NO RETURN ON USED PARTS, ELECTRICAL, LITERATURE, VIDEOS OR PAINT.  
NO RETURNS ON SPECIAL ORDERS**

**IMPORTANT! RETURNS CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION. YOU MUST ALSO INCLUDE A COPY OF YOUR INVOICE.**

REASON FOR RETURN:

<input type="checkbox"/> RECEIVED INCORRECT PART	<input type="checkbox"/> DEFECTIVE: EXPLANATION_____
<input type="checkbox"/> PART MISSING	_____
<input type="checkbox"/> ORDERED WRONG PART	_____

RETURN AUTHORIZATION # \_\_\_\_\_  
THIS NUMBER MUST ALSO BE WRITTEN IN LARGE NUMBERS ON THE OUTSIDE OF THE BOX BEING RETURNED!

NAME: \_\_\_\_\_

DAYTIME TELEPHONE# \_\_\_\_\_