



Authorization #

For National Band Saw Use Only

Return Authorization Request Form

Customer #:	Date:
<hr/>	<hr/>
Company Name:	Contact Name:
<hr/>	<hr/>
PO #:	Invoice #:
<hr/>	<hr/>
Billing Address:	
<hr/>	
Phone:	Email:
<hr/>	<hr/>

ITEMS REQUESTED TO BE RETURNED:	QUANTITY REQUESTED TO BE RETURNED:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

SPECIFIC AND CLEAR REASON FOR RETURN:

- ITEMS QUALIFY FOR RETURN IF:**
- **An authorization number has been issued.**
 - **Purchased within the las 15 days.**
 - **In new condition and original packaging.**
 - **Return/exchange for items under warranty for performance issues if purchased in the last 30 days.**

ALL AUTHORIZED RETURNS MUST BE RECEIVED BACK AT NATIONAL BAND SAW WITHIN 25 DAYS.

ALL RETURNS ARE SUBJECT TO INSPECTION AND A 15% RESTOCKING FEE UNLESS ITEM IS DETERMINED TO BE DEFECTIVE.

PLEASE DO NOT SEND YOUR ITEMS WITHOUT AN AUTHORIZATION NUMBER