

RETURN AUTHORIZATION REQUEST FORM

PLEASE EMAIL TO: CUSTOMERSERVICE@NBSPARTS.COM TO RECEIVE AUTHORIZATION NUMBER

CUSTOMER # : _____

DATE: _____

COMPANY NAME: _____

CONTACT NAME: _____

PO # : _____

INVOICE # : _____

BILL ADDRESS: _____

PHONE: _____

EMAIL: _____

ITEMS REQUESTED TO BE RETURNED:

Part Number: _____

Part Number: _____

Part Number: _____

Part Number: _____

QUANTITY REQUESTED TO BE RETURNED:

Quantity: _____

Quantity: _____

Quantity: _____

Quantity: _____

SPECIFIC AND CLEAR REASON FOR RETURN:

ITEMS QUALIFY FOR RETURN IF:

AN AUTHORIZATION NUMBER HAS BEEN ISSUED
PURCHASED WITHIN THE LAST 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.