



RETURN REQUEST AND SHIPPING FORM
PLEASE SEND WITH EACH RETURN REQUEST

CUSTOMER # : _____

DATE: _____

COMPANY NAME: _____

CONTACT NAME: _____

PO # : _____

INVOICE # : _____

BILL ADDRESS: _____

PHONE: _____

EMAIL: _____

ITEMS REQUESTED TO BE RETURNED:

QUANTITY REQUESTED TO BE RETURNED:

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

SPECIFIC AND CLEAR REASON FOR RETURN:

REQUESTED EXCHANGE/ADDITIONAL ITEMS IF APPLICABLE:

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

Part Number: _____

Quantity: _____

EXCHANGE SHIP
ADDRESS: _____

PAYMENT METHOD FOR
EXCHANGED/ADDITIONAL ITEM: _____

**ALL RETURNS ARE SUBJECT TO INSPECTION AND ARE ASSESSED A 15% RESTOCKING FEE
UNLESS THE ITEM IS DETERMINED TO BE DEFECTIVE. NBS PARTS**