



**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**