



RETURN/REPLACEMENT FORM

Please fill out this form in full. All fields are required and will not be processed unless this form is filled out.

COMPANY:	CONTACT:
INVOICE:	DATE:

☐ RETURN ☐ REPLACEMENT

ITEM	LOT	PART	QUANT	REASON
				<input type="checkbox"/> Broken <input type="checkbox"/> Joint cracked <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Scratched Paint <input type="checkbox"/> Other:
				<input type="checkbox"/> Broken <input type="checkbox"/> Joint cracked <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Scratched Paint <input type="checkbox"/> Other:
				<input type="checkbox"/> Broken <input type="checkbox"/> Joint cracked <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Scratched Paint <input type="checkbox"/> Other:
				<input type="checkbox"/> Broken <input type="checkbox"/> Joint cracked <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Scratched Paint <input type="checkbox"/> Other:
				<input type="checkbox"/> Broken <input type="checkbox"/> Joint cracked <input type="checkbox"/> Peeling Paint <input type="checkbox"/> Scratched Paint <input type="checkbox"/> Other:

I have fully inspected above replaced items and they are in good condition.

CLIENT's Signature: _____ **Date:** _____

All products listed above were returned. Damaged items were replaced by opening a new box or by a usable spare part. Items returned were fully inspected and were delivered to the customer in good condition.

WAREHOUSE (Print Name): _____ **Date:** _____