

Return Goods Authorization Form

RETURN ITEM(S) TO: **DEL MAR RETURNS**
1526 State Ave, Unit D
Holly Hill, FL 32117
Tel. (800) 724-5501
Fax. (386) 767-2117

Customer Name	
Date	
Order Number	

Item	Quantity	Damaged or Defective (Y/N)

Please select a reason for your return:

<input type="checkbox"/> Defective or Damaged	<input type="checkbox"/> Not needed/Unwanted
<input type="checkbox"/> Arrived too late	<input type="checkbox"/> Ordered wrong item
<input type="checkbox"/> Received wrong item	<input type="checkbox"/> Not as expected
<input type="checkbox"/> Incorrect item description	

*Item must NOT be installed--no cut wires, not altered in any way, in the original packaging and be in re-sellable condition

