

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

