

OUT-OF-STATE SALES RETURN FORM

Please complete this form and include it with your return shipment.

1. ORIGINAL SALES INFORMATION

INVOICE / ORDER NUMBER

DATE OF PURCHASE

DATE OF RETURN

ORIGIN STATE (SELLER)

DESTINATION STATE (BUYER)

SHIPPING METHOD

2. CUSTOMER INFORMATION

FULL NAME / BUSINESS NAME

STREET ADDRESS

APARTMENT/SUITE

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

3. ITEMS BEING RETURNED

ITEM / SKU #	DESCRIPTION	QTY	UNIT PRICE	REASON CODE*

*Return Reason Codes:

A: Damaged / Defective | B: Incorrect Item Shipped | C: Dissatisfied with Quality | D: Changed Mind | E: Other (Please specify in comments)

4. TAX & REFUND METHOD

WAS SALES TAX CHARGED?

Yes

No

PREFERRED REFUND METHOD

Original Card

Store Credit

Check

ADDITIONAL COMMENTS / REASON DESCRIPTION

5. OUT-OF-STATE CERTIFICATION & SIGNATURES

By signing below, the customer certifies that the item(s) listed above are being returned from an out-of-state location, and that all information provided is accurate for tax adjustment reporting purposes.

CUSTOMER SIGNATURE

DATE

AUTHORIZED RECEIVER SIGNATURE (STAFF)

DATE RECEIVED