

# INDIVIDUAL PARTNER PRODUCT RETURN FORM

Please complete this form and include it with the returned items.

## PARTNER INFORMATION

PARTNER FULL NAME

PARTNER ID / ACCOUNT NUMBER

EMAIL ADDRESS

PHONE NUMBER

## RETURN DETAILS

RETURN REQUEST DATE

ORIGINAL INVOICE / ORDER NUMBER

## RETURNED ITEMS

Item Number / SKU	Item Description	Qty	Reason for Return

## PREFERRED RESOLUTION

- Refund
- Store Credit
- Replacement
- Repair

## COMMENTS / ADDITIONAL INFORMATION

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Partner Signature

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Date