

# D&S VENDING MERCHANDISE RETURN FORM

**IF YOU HAVE ANY QUESTIONS ABOUT THE RETURN PROCESS**

**PLEASE CONTACT PAT LEARY**

**(800) 445-8363 X211    patrick@dsvendinginc.com**

- 1. CONTACT PAT FOR AN RMA#**
- 2. REPACK THE ITEMS IN THIS OR ANY STRONG BOX**
- 3. PLEASE COMPLETE THIS FORM & INCLUDE IT WITH YOUR RETURN**
- 4. SHIP THE ITEMS BACK TO US. WE RECOMMEND USING A SHIPPING METHOD THAT INCLUDES INSURANCE, TRACKING & DELIVERY CONFIRMATION.**

## CUSTOMER INFORMATION

RMA #: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

## PARTS ENCLOSED

QTY	PART #	DESCRIPTION
1		
2		
3		
4		
5		

## PLEASE MARK THE REASON(S) FOR RETURN:

<input type="checkbox"/>	ORDERED WRONG ITEM / DID NOT NEED AFTER ALL
<input type="checkbox"/>	RECEIVED WRONG ITEM
<input type="checkbox"/>	ITEM DAMAGED IN TRANSIT
<input type="checkbox"/>	ITEM IS DEFECTIVE
<input type="checkbox"/>	OTHER: _____

**\*\*RETURNED PARTS ARE SUBJECT TO A 15% RESTOCKING FEE\*\***

**\*\*RETURNS WILL NOT BE ACCEPTED FOR SPECIAL ORDER PARTS\*\***

**\*\*RETURNS WILL NOT BE ACCEPTED AFTER 60 DAYS\*\***

**RETURN PARTS TO:**

**D&S VENDING, ATTN: PAT, 2062 E 70TH ST, CLEVELAND, OH 44103**

**THIS FORM MUST BE COMPLETED & MUST ACCOMPANY ALL RETURNS**

**D&S USE ONLY:**

DATE OF RECEIPT: \_\_\_\_\_  
RESTOCKING FEE: \_\_\_\_\_  
CREDIT SHIPPING: \_\_\_\_\_