

D&S VENDING MERCHANDISE RETURN FORM

IF YOU HAVE ANY QUESTIONS ABOUT THE RETURN PROCESS

PLEASE CONTACT PAT LEARY

(800) 445-8363 pat@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: