

LEDwholesalers.com Inc. 26596 Corporate Avenue Hayward, CA 94545 510-264-1688

## **Return Merchandise Authorization Form**

Name:	
Address:	
	City: State: Zip:
Phone #:	
E-mail:	
Purchase Date:	
Sales Channel:	
Order #:	
Product Description:	
Product Code/Item #/SKU:	
Quantity:	
Reason for Return:	
Repair/Exchange/Refund*/Othe	:
Return Policy:	
unused/uninstalled/unmodified, Refunds are issued in the origina	pted within 30 days of original purchase date, and items must be in original condition, in original packaging, and without any accessories/documents missing. form of payment. Unless we made an error, return shipping costs are the responsibility of nd handling fees incurred are not refundable. A restocking fee of up to 20% (50% in limited
	an what they were designed for, or have been altered in any way that would be detrimental to duct or misapplication, misuse, negligence or accident shall not be covered by
	nd inspected/tested, replacement units will be shipped without charge (unless Buyer in which case we'll contact Buyer for any balance due).
	e it, and include it with the item(s) begin returned. We recommend shipping your es tracking and insurance options.
Signature:	Date: