PRODUCT RETURN AUTHORIZATION FORM RA#_____

Application Date:_____

Please PRINT and COMPLETE this form and submit via FAX or EMAIL. Allow 2-3 days for a reply.

FAX 954-973-0914 EMAIL sales@christmasdesigners.com PHONE 1-800-432-5139

Please read the terms and conditions of our RETURNS/EXCHANGE POLICY online at www.christmasdesigners.com.

Depending on the nature of your return, a 20% RESTOCKING FEE plus shipping costs may apply. Returns/Exchanges must be made within 20 days of the original shipment date and must qualify for refund and be accompanied by a Return Authorization Number issued by Christmas Designers, Inc. Refunds are subject to inspection of returned items. Defective products must also be returned or exchanged with this form.

NOT RESPONSIBLE FOR SHIPMENTS RECEIVED WITHOUT A RETURN AUTHORIZATION NUMBER (RA#)

COMPANY/ACCOUNT NAME: ORDER #: ORDER DATE:

Customer Name: _____

Email Address: _____

Shipping Address: _____

City, State ZIP _____

(Also returning from here?) _____

Billing Address: _____

City, State ZIP _____

Primary Phone: ( ) _____ Ext._____

Alternate Phone: ( ) _____ Ext._____

FOR Christmas Designers OFFICE USE ONLY

RA#:_____ Date Issued: _____

Return _____ Exchange _____ Defective _____

Call Tag Issued: _____ Date Issued: _____

Items Rec'd: _____ Inspected: _____

Condition: _____ Restocked: _____

Credit Due: _____ Credit Issued: _____

Replacement Order #: _____

Replacement Ship Date: _____

DEALER ACCOUNT INFO: _____

DETAIL OF ITEMS BEING RETURNED – EXCHANGED – REPLACED – REFUNDED

PRODUCT CODE / ITEM#	ITEM DESCRIPTION – STYLE, LENS, LIGHTS, COLOR	TOTAL UNITS PURCHASED	UNITS BEING RETURNED	REASON FOR RETURNING

EXPLAINATION OF DEFECTIVE ISSUES: