

SMAVtronics Merchandise Return Form

All returns must have this form filled out and attached to your returning package. Any returns without this form is refused or shipped back to you COD.

Customer Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____

(Email Address is required for Store Credit)

Package Information:

1. What is your Order Number? _____

2. What date did you receive the package? _____

3. What is the tracking number? _____

4. What date is the package ready for return? _____

5. Are you returning the complete package in original box? Complete Partial

6. Would you like a replacement or store credit? Replacement Store Credit

7. Are you returning the item(s) within 7 days? Yes No

8. Reason for Return? _____

By sending in my package, I understand I am solely responsible for my own returns and I have read through SMAVtronic's company policies.

Name (Print): _____

Signature: _____ Date: _____

Returning the package:

Please ensure the product is packed firmly and securely from all possible damages and return it to:

Return and Exchange Dept
SMAVtronics, LLC
PO Box 25728
Saint Paul, MN 55125