



Request For Return for Credit

In order to process a Return for Credit Request efficiently, please fill out the form below by printing neatly. Once we have reviewed your request and have authorized your request, we will return this completed form to you with a Return for Credit Number (RFC #). Please read the guidelines below and initial that you have read and understood them.

| Initial Here After Reading | | GUIDELINES | | | | | | |
|--|---------------------------|---|---|---|------------------------------------|---------------------|------------|----------------|
| | | This form is for Return for Credit Authorization purposes ONLY . If you have a repair issue please contact our customer service department for a Return for Repair Request form . | | | | | | |
| | | Worn products are considered non-returnable (signs of use or the original packaging including instructional sheets, manuals and accessories etc). | | | | | | |
| | | Special Order items are subject to review and subject to manufacturers policies and guidelines. The customer is responsible for special charges related to the custom/special order. | | | | | | |
| | | A restocking fee of 20% will be assessed for items purchase within the last six months time period. The materials must be unused and in their original packaging to eligible (if items require repackaging - the costs associated will also be assessed). | | | | | | |
| | | Shipping costs are the responsibility of the customer. All packages shipped to us must be pre-paid and have the RFC # clearly labeled on the outside of the shipment. | | | | | | |
| | | Approved RFC's valid for 15 days after issue and are only valid for those items listed below and will be refunded in the form of store credit. | | | | | | |
| Company Name | | | Contact Name | | | Contact Number | | |
| Address | | | | Suite # | | Fax Number | | |
| City | | | State | Zip Code | Email Address | | | |
| ITEMS FOR CONSIDERATION | | | | | | Injectidry Use Only | | |
| Item # 1 | Part # | Description | | Reason for Return | | | Authorized | Not Authorized |
| | Date of Purchase | Where Purchased from (name of distributor)? | | INJ Invoice # | PO # | | | |
| | Was the item used? Yes No | | Exposed to hazardous conditions? Yes No | | If yes - explain on separate sheet | | RFC # | |
| Item # 2 | Part # | Description | | Reason for Return | | | Authorized | Not Authorized |
| | Date of Purchase | Where Purchased from (name of distributor)? | | INJ Invoice # | PO # | | | |
| | Was the item used? Yes No | | Exposed to hazardous conditions? Yes No | | If yes - explain on separate sheet | | RFC # | |
| Signature of Requestor | | Title | | FAX BACK TO 425.745.8480 WHEN COMPLETED | | | | |
| Print Name | | Date of Request | | | | | | |
| Injectidry will review this form, make a decision off the information you provide and then issue an RFC for each of the items you are requesting. You cannot list more than 1 item per line. | | | | Shipping Instructions: Injectidry Systems, Inc. Returns Dept - RFC # (place # here) 3223 164th St SW Bldg 3 Suite N Lynnwood WA 98087 | | | | |
| Injectidry Systems, Inc. Office 425.822.3851 | | | | | | | | |

See attached sheet for additional items