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 sales@nationalpolicesupply.com

RETURN MERCHANDISE FORM

Sales Receipt/Invoice No:	Date of Purchase:
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Name:	Return Date:
Address:	Phone:
City/State/Zip:	Email:

REASON CODE	QTY	ITEM # COLOR/SIZE	DETAILS OF RETURN	UNIT PRICE	AMOUNT
1. Wrong Product Shipped 4. Items Omitted From Order 7. Shipping Damage 10. Personalization Error 2. Does Not Work 5. Does Not Fit 8. Changed Mind 11. Did Not Order This Item 3. Missing Parts 6. Factory Defect 9. Not As Advertised 12. Other (Please Specify)				TOTAL	

ACTION REQUESTED (Check One):

Exchange
 Repair
 Credit
 Replace
 Refund

ITEM # COLOR/SIZE	REPLACEMENT MERCHANDISE	QTY	UNIT PRICE	AMOUNT

Method of payment for additional items or exchanged difference: Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX Card No.: _____ Expiration: _____ Card Holder's Name: _____ Signature: _____	Subtotal CA Sales Tax Shipping Less Refund TOTAL
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FOR OFFICE USE ONLY

DATE RECEIVED: _____

CREDIT MEMO NO.: _____

RETURN TOTAL:	\$
RETURN SHIPPING CHARGES (IF NPS ERROR):	\$
RESTOCKING FEE (25%):	\$
RETURN CREDIT:	\$
TOTAL CREDIT:	\$

RETURN TO STOCK
 RETURN TO FACTORY

RMA# _____