

RETURN MERCHANDISE FORM

Include: This Form With Merchandise

We hope that you are happy with your selection from Cristalier. However, If you find it necessary to return merchandise, it SHOULD BE RETURNED WITHIN 30 DAYS FROM ORDER DATE. Fill out this form and put it INSIDE the package you are returning.

If Dealer,
Business Name

Your
Name

Street
Add.

P.O.
Box

City
State

Cristalier
20923 Se 216th Way, Bldg B
Maple Valley, WA 98038
425.432.4893 425.413.4273 f

Date

Phone

ZIP

Purchased on Order #

Check your order over immediately upon receipt.

I AM RETURNING:

ITEM NO	PRODUCT CODE	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				ORDER TOTAL	<input type="text"/>

REASON FOR RETURN:

Item No	REASON
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

CREDIT WILL BE ISSUED TO CREDIT CARD USED ON ORIGINAL ORDER.

PLEASE ENTER EXCHANGE OR REPLACEMENT STOCK # BELOW

ITEM NO	PRODUCT CODE	RETURNED MERCHANDISE	QTY	UNIT PRICE	TOTAL PRICE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> DISCOVER
	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> VISA
	<input type="checkbox"/> PayPal	<input type="checkbox"/> e-Check
CARD NO.	<input type="text"/>	
EXPIRES	<input type="text"/>	
CARD HOLDER'S NAME	<input type="text"/>	

ORDER TOTAL	<input type="text"/>
SALES TAX (WA ONLY)	<input type="text" value="0"/>
SHIPPING \$	<input type="text" value="0"/>
COD/Other Additions to Shipping Charges	<input type="text" value="0"/>
GRAND TOTAL	<input type="text" value="0"/>

Print

SHADED AREAS FOR OFFICE USE ONLY

DATE RECEIVED

SHIP VIA:	CODE:
<input type="checkbox"/> First Class Mail	<input type="checkbox"/> Ship. Damage
<input type="checkbox"/> Flat Rate Priority	<input type="checkbox"/> Cust. Choice
<input type="checkbox"/> Global Priority	<input type="checkbox"/> Product Problem
<input type="checkbox"/> UPS Ground	<input type="checkbox"/> Factory
<input type="checkbox"/> UPS Rush	<input type="checkbox"/> Error (Copy)
1 2 3 Day	

RETURN TOTAL	<input type="text"/>
RETURN Ship Chgs. (if Cristalier's error)	<input type="text"/>
RESTOCK FEE	<input type="text"/>
RETURN CREDIT	<input type="text"/>

TOTAL CREDIT

RETURN TO STOCK

RETURN TO FACTORY

ON SHELF

Processed by:

Below this line is reserved for

Accounting Department Only

Date Processed

Transaction Code

Via QB or Auth

CHECK BOX - to authorize us to ship balance of order COD if you end up short of money due to unanticipated price increases.