

INTELLITRONIX RETURN

Please include this form in the box and WRITE RO# ON THE OUTSIDE OF THE BOX

Return will not be processed without form or until form is received

WE ONLY ACCEPT RETURNS PURCHASED THROUGH INTELLITRONIX DIRECTLY, WE DO NOT ACCEPT 3RD PARTY RETURNS

Intellitronix 34099 Melinz Parkway, Unit E Eastlake OH 44095 440-359-7200 ext 109		Product Information Intellitronix Order number: _____ Purchase Date: _____ Part Number: _____			
Customer Name:			RO#:		
Phone Number:		Email Address:			
Street Address:		City:	State:	Zip Code:	
Note: If item is returned after 30 days from the day it is received there will be a 20% restocking fee deducted from the refund. If product is tested and determined non-defective there will be a restocking fee.					
I acknowledge that there may be a restocking fee on my return X _____					
Note: All components must be returned, charges will be applied for any missing components					
I acknowledge that I will be charged for any missing components X _____					
REASON FOR RETURN					
Please state reason for returning product					

Most refunds are issued within 7-10 business days from date received, please contact accounting@intellitronix.com for status					
----DO NOT FILL OUT BELOW THIS LINE FOR SHOP USE ONLY----DO NOT FILL OUT BELOW THIS LINE FOR SHOP USE ONLY----					
Date Return Received:		All components returned: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Restocking fee: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cost of missing items (if applicable):			
Date turned into accounting:		Date refund issued:		Refund amount:	
Accounting- please return to technical support for records when refund has been completed.					