

## Return Goods Authorization Form

**RETURN SHIPPING ADDRESS**

**DEL MAR DESIGNS**

**RETURNS**

**1821 HOLSONBACK DRIVE**

**DAYTONA BCH, FL 32117**

**Tel. (800) 724-5501 Fax. (386) 767-2117**

<b>Customer</b>	
<b>Date</b>	
<b>Invoice Number</b>	

**NOTE – Defective or Returned Product must be shipped back in original box, if you do not have the original box use the box from the new replacement product.**

Item	Quantity	Installed/Not Installed	Damaged (Y/N)

<b>Sales Person Who Took The Information</b>	
<b>Reason For Return</b>	

**Below for Del Mar Designs use**

<b>Customer to ship back</b>		<b>Date:</b>
<b>Call Tag issued</b>		<b>Date:</b>
<b>Return label mailed</b>		<b>Date:</b>

<b>Installed</b>		<b>NOT Installed</b>		<b>Damaged</b>	
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