



30 DAY RETURN MECHANISE FORM

CUSTOMER INFORMATION		EVERLAST 30 DAY RETURN MERCHANDISE AUTHORIZATION NUMBER	
NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
RETURN SHIPPING ADDRESS (SHIP TO)		MODEL NAME AND NUMBER	
EVERLAST POWER EQUIPMENT 329 Littlefield Avenue South San Francisco, CA 94080			
DATE OF PURCHASE (INCLUDE RECEIPT STAPLED TO THIS FORM):		SERIAL NUMBER	
RETURN AUTHORIZATION DATE:		PURCHASE/ORDER DATE:	
APPROXIMATE USE TIME:		RETURN AUTHORIZED BY:	
USE ENVIRONMENT: (Commercial, Hobby, Fabrication etc.)		SHIP DATE:	
		RETURNED WITHIN 30 DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	
CUSTOMER STATEMENT FOR REASON OF RETURN (PLEASE GIVE AS MUCH DETAIL AS POSSIBLE, ATTACH SEPARATE SHEET IF NECESSARY)			
EVERLAST USE ONLY			
UNIT APPEARANCE:	<input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR/DAMAGED(SHIPPING) <input type="checkbox"/> MISSING PARTS <input type="checkbox"/> OTHER _____		
ORIGINAL BOX?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ACTION:	<input type="checkbox"/> REFUND <input type="checkbox"/> REFUND LESS 10% <input type="checkbox"/> UPGRADE TO _____ <input type="checkbox"/> OTHER _____		
IMPORTANT! AUTHORIZATION IS REQUIRED BEFORE SHIPMENT OR PRODUCT WILL BE REFUSED!			
BY SIGNING, CUSTOMER ACKNOWLEDGES THAT HE/SHE IS RESPONSIBLE FOR RETURN SHIPPING, INSURANCE AND OBTAINING RMA NUMBER. THE CUSTOMER FURTHER ACKNOWLEDGES THAT RETURN SHIPPING AND OUTBOUND SHIPPING IS NON REFUNDABLE AND ALL ITEMS ARE SUBJECT TO A 10% RESTOCKING FEE.		EVERLAST WORKS TO PROVIDE THE BEST CUSTOMER SERVICE POSSIBLE. COMPLETION OF THIS FORM WILL FACILITATE IN THE QUICK DIAGNOSIS, REPAIR AND RETURN OF YOUR UNIT. FAILURE TO COMPLETE IT MAY DELAY REPAIR.	
Customer Signature: _____	Shipped Via: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/>	Return Shipper: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/>	Received/Processed by: _____
Date: _____			Date: _____



STOP! HAVE YOU RECORDED YOUR RMA NUMBER? CONTACT EVERLAST IF YOU DO NOT HAVE ONE OR THE PRODUCT WILL BE REFUSED.

CUSTOMER SHOULD SEND SIGNED ORIGINAL DOCUMENT WITH RETURNED UNIT. ONE ADDITIONAL COPY SHOULD BE KEPT FOR PERSONAL RECORDS.