

Return Authorized No:

RETURN AUTHORIZATION FORM

Returns will **only** be accepted under the following conditions:

1. The return will be only accepted if it meets Convoid's Warranty Terms and Conditions as provided at www.convoid.com.
2. This form is completed in its entirety and sent via email to sales@convoid.com *in advance* of shipping product.
3. A Return Authorized Number is obtained, prior to shipment to Convoid, from a Convoid Customer Service representative
4. A copy of the form is included in the packaging with the returned article and the item is shipped at customer expense to: Convoid Products LLC., 2830 California Street | Torrance, CA 90503 | U.S.A

If questions contact Convoid, Customer service, Tel +1 844-876-6245, E-mail: Sales@convoid.com

I. CUTOMER AND DEALER USE

Select One Applicable Box: <input type="checkbox"/> Customer Return <input type="checkbox"/> Dealer Return				
Customer Account No.:		Customer Name:		
Customer Phone/Cell No.:		Customer Email:		
Customer Address:				
Customer Ref: PO No: #		Invoice No: #		
Reason For Return:				
<input type="checkbox"/> Compliant <input type="checkbox"/> Incorrect Order <input type="checkbox"/> Evaluation <input type="checkbox"/> Damaged <input type="checkbox"/> Shipping Error <input type="checkbox"/> Repair <input type="checkbox"/> Technical Issue				
<input type="checkbox"/> Customer Refusal <input type="checkbox"/> Dealer Refusal <input type="checkbox"/> Other Reasons:				
Warranty Returns: <input type="checkbox"/> Attached Photos				
Describe the nature of the conditions, how it occurred, and the circumstances under which it occurred (e.g. user's weight, ambient conditions, etc.).				
Serial No./ Part No.	Description	Qty.	Delivery Date	Convoid Order No.
Servicing <input type="checkbox"/> No <input type="checkbox"/> Yes, Complete below Sections				
Requestor Name:		Phone Number:		
		Email:		
Type/description of service requested:				

II. CONVAID USE ONLY

Date RA Issued:	CS Department Representative:
What is specific problem?	