

Return Authorization Form

Please help us expedite your return request by completing this form and faxing back to **201-814-0510**.
All fields must be completed. A Comprehensive Customer Care Specialist will respond to you shortly.

- Stock merchandise is eligible for return within **30 DAYS** of shipment date. **All sales are final after 30 days.**
- Credit will be issued for all approved returns (less freight) and are **subject to a 15% restock charge.**
- Any return without a Return Authorization number issued by Comprehensive will be refused.

Closeout merchandise, discontinued products, promotional or special order items, defective merchandise (out of warranty), or merchandise damaged by the customer may not be returned for replacement or credit. Merchandise returned without prior authorization will be refused. Some products that may have been special ordered from the manufacturer may be subject to a manufacturer restocking fee in addition to Comprehensive's or not be eligible for return.

Today's Date: _____

Bill To:
Cust.#: _____
Company: _____
Address: _____
City _____ State _____ Zip _____
Contact: _____
Invoice #: _____ PO #: _____
Phone: _____
Fax: _____ E-mail: _____

Ship Product To (if other than Bill To):
Company: _____
Address: _____
City _____
State _____ Zip _____
Contact: _____
Phone: _____

Please fill out the fields below:

I am requesting to return item(s) below for Credit Exchange Repair

Qty	Item Number	Description	Reason for Return

If product purchased from a Dealer (for repair or replacement only), check here: Name of Dealer: _____
If returning something for repair or because product is D.O.A , please explain in detail the problem you are having with the product:

For Internal Use Only:
<input type="checkbox"/> RA Approved <input type="checkbox"/> RA Denied (see comments below)
RA# _____ Credit _____ Exchange _____ Repair _____
Restocking Fee: <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____ Total Credit Amount \$ _____
Comments: _____

If you have any questions about your return, please contact Customer Care Representative _____
at 800-526-0242 extension _____ Date faxed back to customer: _____



Toll Free Phone: 800-526-0242
E-Mail: sales@comprehensiveinc.com • Fax: 201-814-0510
55 Ruta Court, South Hackensack, NJ 07606

Save Time - Order Online at www.comprehensiveinc.com