



Merchandise Return/Exchange Form

Company Name _____

Address _____

City _____ State _____ ZIP _____

Contact Number _____ E-mail Address _____

Reason for return

Part#	Description	Qty
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return reason codes: 1—Wrong Item 2—Wrong Size 3—Damaged 4—Other _____

Return for refund.

Original Invoice Date _____ Invoice Number _____ Date of Return _____

Please send your return/exchange to the following address

1804 Owen Ct Ste 104

Mansfield, TX 76063

Fax: 817-473-7445

E-mail: sales@wellseals.net