Rapids & Affiliates

Please print clearly. Fields marked with an * are required.

Customer Request for Return

CUSTOMER INFORMATION

Name *

Company

Address *

City *

State *

Zip *

Email *

Phone *

ORDER INFORMATION

Purchase Date *

Order Number *

Customer Number (if known)

Item Number - SKU *

Item Description *

RETURN DETAILS

Return or Exchange?

☐ Return ☐ Exchange

Has the item been used? *

☐ Yes ☐ No

In the original packaging? *

☐ Yes ☐ No

Reason for Return *

Additional Comments

Pictures of Item (optional but helpful)

☐ Photos attached / provided

An image of the product's condition may help expedite return processing.

FOR STORE USE ONLY

Received By

Date Received

Store Location

RA / Ticket #

Notes