

RETURN AUTHORIZATION FORM

Shipping: Returns Department 1124 New Meister Ln ste 100 Pflugerville, TX 78660 (512) 451-8298 (800) 775-5996

Returns@gtdist.com

CUSTOMER SATISFACTION STATEMENT

We are committed to offering only the best products and services to our customers. If for any reason you are not satisfied with your purchase, simply return in the original packaging with your receipt within 30 days. The product must be in new condition to qualify for repair or replacement. If the item was a special order, a closeout or has been altered or customized will incur a restocking fee or cannot be returned. All items returned must have a Return Authorization number or a completed Item Return Form. To obtain a RA Number, please call Customer Service (800) 775-5996.

RETURN AND EXCHANGE PROCEDURE

State Zip

- 1. Enclose this form with merchandise explaining action desired.
- 2. Mark outside of box with return authorization number.
- 3. Please use the provided, pre-addressed, cut-out label to ship your return package.

Phone Number_____Email___

4. Fill out this form completely to prevent delays on your return.

Address

Return A	Authorization # (R	A#)				
			Return Return	ned Merchandise		
Item #	Color/Size	QTY	Code	Please give reason t	for return	Price
Γοο Large F. Not	ective (Specify Problem) as Pictured (Please Comm lity not as Expected (Speci				Refund Total	
	er (Please Explain)		ACTI	ION REQUESTED		
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_	ExchangeF		Credit	ReplaceRefund(to or hanges or to order additional me	iginal PMT method) erchandise	
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Item #	Complete t	his sectio		hanges or to order additional me	erchandise	Amou
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	Complete t	QTY	on for exch	hanges or to order additional me	Price Each Price Each . Total for New Merchandise	Amou
	Complete t	QTY	on for exch	hanges or to order additional me	Price Each Price Each Total for New Merchandise Less Refund	Amou
	Complete t	QTY	on for exch	hanges or to order additional me	Price Each Price Each . Total for New Merchandise	Amou