

Office Express Return Authorization Form

Please provide all of the following information to insure proper credit is given

Date: _____ Invoice #: _____

Your Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Fax form to:

877-792-8110

Reason Codes

- 1 Changed my mind
- 2 Wrong item ordered by OE
- 3 Wrong item ordered by us
- 4 Wrong item shipped
- 5 Not as described in catalog
- 6 Damaged
- 7 Items missing
- 8 Overshipped items

Part #	Quantity	Reason Code	Comments

We are happy to take back returned items if:

- 1. Office supply items are returned for a refund, exchange or credit **within 30 days** of purchase.
- 2. Products **must** be unopened and in the original packaging with no damage. There must be no writing on the package.
- 3. The returned merchandise passes an inspection by us upon receipt. Office Express reserves the right to refuse to offer credit for merchandise that is not resalable.
- 4. The stocked furniture item being returned is in new condition, is unassembled, is in the original packaging and is being returned **within 14 days** of purchase.

Other special terms and conditions:

- 5. Food items & first aid materials are not returnable.
- 6. Special order items, such as custom assembled furniture, custom stamps and imprinted items are **not** returnable.
- 7. Some returns may be subject to a restocking fee.
- 8. Defective electronic items must be returned via the manufacturer. Office Express will be happy to assist in this process.
- 9. For our complete Return and Credit Policy, please see the back of your original invoice.

If you have any questions regarding your return, please contact Lisa Mahon @ Ext. 229

For Office Express Use Only			
<input type="checkbox"/> No credit due - customer informed	<input type="checkbox"/> Even exchange done	<input type="checkbox"/> Credit issued	Done By: _____