

# SPEAKMAN®

*Absolutely the best.*

## RETURN GOODS REQUEST FORM

There are now 3 easy ways to submit your return: **Date:** \_\_\_\_\_

**1. SPEAKMAN WEBSITE:**

Log in to access Forms

**3. FAX:** 1-800-977-2747

**Customer Name:** \_\_\_\_\_

**Customer #:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Invoice #:** \_\_\_\_\_ **Invoice Date:** \_\_\_\_\_

**PO #:** \_\_\_\_\_ **CO #:** \_\_\_\_\_

**Material Being Returned:**

Item	Quantity	Unit Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>	_____	_____

**Reason for Return:**

Customer Convenience (subject to restocking charge)

Defective

Leaking: Where is the leak? \_\_\_\_\_

Cosmetic: What is the damage? \_\_\_\_\_

Functional: How is the product functioning? \_\_\_\_\_

Shipping Error

Shipping Damage

Data Entry Error

Technical Service Error

Sales Dept. Error

Production Dept. Error

Return of Samples

Delivery Refused/Returned

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Signed** \_\_\_\_\_