PHONE: 864-845-7878

864-845-7848 864-845-7881

FAX: 864-845-7886



101 HOLLOW DRIVE PIEDMONT, SOUTH CAROLINA 29673

ORDERS: 800-417-3347

## IMPORTANT RETURN INFORMATION

\*\*\*ALL RETURNS MUST BE ACCOMPANIED BY ORIGINAL INVOICE\*\*\*
THIS FORM MUST BE FILLED OUT COMPLETELY TO PROCESS YOUR
RETURN
NO RETURN WILL BE ACCEPTED AFTER 60 DAYS

INVOI	CE NUMBER		
CUSTO	OMER ER		
NAME			
	OD OF ENT		
	IT CARD ER		
	ON FOR RN		
QTY	PART NUMBER	DESCRIPTION / CORE	AMT
QII	PART NUMBER	DESCRIPTION / CORE	AIVII