

RETURN & EXCHANGE FORM

Order	Name:		
Addre	2SS:		
City:		State:	Zip:
Phone	e:		
Email	:		
Order	Number or Invoice	(This will become your RMA #):	
Pleas	se list the items y	ou are returning:	
QTY	PART #	DESCRIPTION OF RETURNED ITEMS	PRICE
Pleas	se list the wanted	replacement items:	
QTY	PART #	DESCRIPTION OF RETURNED ITEMS	PRICE
0		xplain briefly):	
		TION YOU WISH TO TAKE: (if you owe additional \$, how would you prefe	r to pay?):
		Exp. Date: (CVC:
0	Invoice Me with link to email above Refund – your original form of payment will be refunded (TKI will take 5% due to cre-		
O	card fees)	narionii oi payment wiii be retunded (TKI Wiii	take 3/0 due to credit
0	TKI Store Credit – n	o deduction (order will need to be placed via	phone or email)
0	Other (explain briefly):		