

# Return Products Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

RMA# \_\_\_\_\_

Invoice # \_\_\_\_\_

Cust # \_\_\_\_\_

PLEASE READ THE CHEMUNG SUPPLY CORPORATION RETURN POLICY PRIOR TO RETURNING A PRODUCT.

RETURN TO:

CHEMUNG SUPPLY CORP.

2420 CORNING RD.

ELMIRA, NY 14903

## List the items you are returning

Qty \_\_\_\_\_

Part# \_\_\_\_\_

Description of Returned Item \_\_\_\_\_

Price Each \_\_\_\_\_

Total \_\_\_\_\_ (BEFORE RESTOCKING FEE)

**I AM RETURNING THIS MERCHANDISE FOR THE FOLLOWING REASON (please check one):**

1. Wrong item sent (explain briefly): \_\_\_\_\_

2. Item Damaged/Defective (explain briefly): \_\_\_\_\_

3. Not Satisfied (explain briefly): \_\_\_\_\_

4. Other (explain briefly): \_\_\_\_\_

PLEASE INDICATE THE ACTION YOU WISH US TO TAKE:

Replace

Exchange

Refund Credit Card

**Please see our Return and Exchange Policy for further details at:**

**[www.CHEMUNGSUPPLY.com](http://www.CHEMUNGSUPPLY.com)**

**PLEASE INCLUDE YOUR RMA# ON YOUR SHIPPING LABEL OR BILL OF LADING.**