RETURN MERCHANDISE FORM

CUSTOMER INFORMATION	EVERLAST 30 DAY RETURN MERCHANDISE AUTHORIZATION NUMBER
NAME: ADDRESS: PHONE: EMAIL:	
WARRANTY SHIPPING ADDRESS (SHIP TO)	**MODEL NAME AND NUMBER**
EVERLAST POWER EQUIPMENT 380 Swift Ave. Unit 12 South San Francisco, CA 94080	
DATE OF PURCHASE: (RECEIPT MUST ACCOMPANY AND BE STAPLED TO THIS FORM)	**SERIAL NUMBER**
RETURN AUTHORIZATION DATE:	PURCHASE/ORDER DATE:
APPROXIMATE USE TIME:	RETURN AUTHORIZED BY:
USE ENVIRONMENT: (Commercial, Hobby, Industrial, Alternative Application, etc.)	SHIP DATE: RETURN INITIATED WITHIN 30 DAYS ☐YES ☐NO

CUSTOMER STATEMENT FOR REASON OF RETURN (PLEASE GIVE AS MUCH DETAIL AS POSSIBLE, ATTACH A SEPARATE SHEET IF NECESSARY)

EVERLAST USE ONLY	
UNIT APPEARANCE:	❑NEW ❑ GOOD ❑ FAIR ❑POOR/DAMAGED(SHIPPING) ❑MISSING ACCESORIES ❑ OTHER_____
ORIGNIAL PACKAGING?	❑YES ❑NO
REFUND ACTION:	❑ REFUND ❑ REFUND LESS 15% ❑ UPGRADE TO_____ ❑ OTHER ACTION TAKEN_____

IMPORTANT: RETURN AUTHORIZATION IS REQUIRED BEFORE SHIPMENT OR PRODUCT WILL BE REFUSED WITHOUT CREDIT OR FURTHER ACTION!

BY SIGNING THE CUSTOMER ACKNOWLEDGES THAT HE/SHE IS RESPONSIBLE FOR RETURN SHIPPING, INSURANCE AND OBTAINING AND RMA NUMBER PRIOR TO RETURN. THE CUSTOMER FURTHER ACKNOWLEDGES THAT ANY RETURN SHIPPING AND OUTBOUND SHIPPING IS NON REFUNDABLE AND ALL ITEMS ARE SUBJECT TO A 15% RESTOCKING FEE.	EVERLAST WORKS TO PROVIDE THE BEST CUSTOMER SERVICE POSSIBLE. COMPLETION OF THIS FORM WILL FACILITATE PROCESSESING OF YOUR REFUND OR REPLACEMENT ITEM. ITEM MUST BE RETURNED IN GOOD REPAIR BEFORE ANY CREDITS OR REPLACEMENTS ARE ISSUED. A COPY OF THE ORGINAL RECEIPT MUST ACCOMPANY THE PRODUCT.

Customer Signature:	Shipped Via:	Return Shipper:	Repaired/Serviced By:
_____	❑Fed Ex	❑ Fed Ex	_____
Date: _____	❑ UPS	❑ UPS	Date:_____
	❑ USPS	❑ USPS	
	❑_____	❑_____	

STOP! HAVE YOU RECORDED YOUR RMA NUMBER? CONTACT EVERLAST IF YOU DO NOT HAVE ONE OR THE PRODUCT MAY BE REFUSED AT OWNER'S EXPENSE.