

ROXBURY®

RETURN AUTHORIZATION

Please complete this form and fax to 323-235-5884 or email this form back to us at roxburybag@yahoo.com This form is required to authorize your return.

Date: _____ / _____ / _____

Company Name: _____ Invoice # _____
(Please Print)

Contact Person: _____
First Name Last Name

Telephone No: (____) _____ - _____ E-mail: _____
(Please print clearly)

Item No.	Color	Quantity	Reason for return	Amount

Terms and Conditions: **Returns of defective items after 6 weeks of receipt of goods will not be accepted.** Returns for defective items without prior return authorization number are subject to refusal or discard without notice. All returns will be replaced, however if the item is not available, refund will be issued to your credit card which was used for the purchase.

Special instruction (if any):

ROXBURY®

RETURN POLICY TERMS AND CONDITIONS

1. REQUEST FOR RETURN AUTHORIZATION MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT OF GOODS.
2. INCOMPLETE RETURN AUTHORIZATION FORMS MAY RESULT IN DELAY OF PROCESSING. THE REQUEST MAY BE ON HOLD UNTIL FURTHER VERIFICATION IS OBTAINED.
3. DAMAGES OR DEFECTS NOT INCURRED DURING THE MANUFACTURING / SHIPPING PROCESS WILL NOT BE REFUNDED OR EXCHANGED.
4. IF YOU ARE THE CONSUMER AND HAVE PURCHASED OUR PRODUCT AT A RETAIL STORE, THE RECEIPT AND THE STORE'S RETURN POLICY MUST ACCOMPANY YOUR RETURN AUTHORIZATION REQUEST. UPON VERIFICATION, YOUR BAG WILL BE REPLACED. IF REPLACEMENT IS NOT AVAILABLE, YOU MUST CONTACT THE RETAIL STORE FOR A REFUND.
5. REQUESTS WILL BE PROCESSED IN THE ORDER THEY ARE RECEIVED. THIS PROCEDURE GENERATES A 99% FAULTLESS PRODUCTS. THEREFORE ANY UNPACKED PRODUCT THAT IS RETURNED FOR A REPLACEMENT, USED OR DAMAGED IN ANY FASHION, WILL BE CHARGED A 15% RE-STOCKING / HOUSING DISCARD FEE.

SIGNATURE: _____ DATE: _____