



ELEVATE YOUR STANDARDS®

RMA #: _____
 Date: _____
(RMA to be assigned by Wildeck Customer Support)

REQUEST TO RETURN MATERIAL

Your Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____ ▼ (select State)
 Zip: _____ (enter 9-digit zip code)
 Telephone: _____
 Fax: _____
 E-Mail: _____

Wildeck® Order Number: _____

Your P.O. Number or Reference Number (Optional): _____

Card to Credit: AmEx VISA MasterCard Discover

Name on Card: _____

Card Number: _____

Exp. Date: ____ / ____ Security Code: ____ (from back of card)

We request authorization to return the following materials:

| Quantity | Part # | Description | Unit Price | Extension |
|--------------------------|--------|-------------|------------|-----------|
| <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ | _____ |

NOTE: Return Value and Total Credit Amount will be determined by Wildeck Customer Support.

RETURN VALUE: _____
 25% RESTOCKING CHARGE: _____
 TOTAL CREDIT AMOUNT: _____

Reason for Return:

Your request will be processed promptly and you will be advised of your Return Authorization Number (RMA) which must be referenced on your return shipping paperwork. **Upon receipt of authorized goods, we will inspect the material and confirm the appropriate credit to your charge card. There is a 25% restocking charge and goods must be returned freight prepaid.**