

RETURN AUTHORIZATION FORM 2011



KLEAN KANTEEN
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 Chico, CA 95973

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DATE:

(this space reserved for office use)

RETURNED FROM:	RETURN TO: (This is the address where a replacement or refund will be sent)
NAME:	<input type="checkbox"/> check here if same
ADDRESS:	
PHONE #:	

EMAIL ADDRESS :

Sales Order #	Date of Order:	Purchased From?	
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QUANTITY RETURNED	ITEM # or SIZE & KOLOR	ITEM DESCRIPTION	UNIT PRICE	TOTAL

REASON FOR RETURN	SUBTOTAL	
	TAX	
	(discount)	
	OTHER	
ACTION REQUESTED (check box)		
<input type="checkbox"/> Credit My Account <input type="checkbox"/> Replace Items <input type="checkbox"/> Exchange Items	TOTAL \$	

ITEMS REQUESTED FOR EXCHANGE	COMMENTS
QTY	ITEM

KLEAN KANTEEN® OFFERS A ONE YEAR WARRANTY AGAINST MANUFACTURING DEFECTS ON KLEAN KANTEEN PRODUCTS. ALL RETURNS MUST BE ACCOMPANIED BY THIS RETURN AUTHORIZATION FORM. DEFECTS OR IMPERFECTIONS THAT ARE DETERMINED TO BE CAUSED BY NORMAL WEAR AND USE WILL NOT BE PROCESSED AS A WARRANTY CLAIM. SEE WWW.KLEANKANTEEN.COM/CUSTOMER/WARRANTY.HTML FOR DETAILS OR CONTACT WARRANTY@KLEANKANTEEN.COM. MONETARY REFUNDS ARE ONLY AVAILABLE TO CUSTOMERS WHO RETURN ITEMS THAT WERE PURCHASED DIRECTLY FROM WWW.KLEANKANTEEN.COM POSTAGE REFUNDS ARE PROCESSED SEPARATELY AND ARE ISSUED WITHIN 10-15 BUSINESS DAYS.

