

RETURN MERCHANDISE FORM

SHADED AREAS
FOR OFFICE USE ONLY

Include: This Form With Merchandise

We hope that you are happy with your selection from Sinclair. However, If you find it necessary to return merchandise, it SHOULD BE RETURNED AS SOON AS POSSIBLE. Fill out this form and put it INSIDE the package you are returning.

We do not accept returns on hazardous materials (primers or powder), ammunition, or opened boxes of bullets for safety reasons.



200 S. Front St. Montezuma, IA 50171
800-717-8211 or 260-482-3670 • sinclairintl.com
support@sinclairintl.com

Your Name _____
 Street Add. _____
 P.O. Box _____ EMAIL: _____
 City State ZIP _____ PHONE: _____

PURCHASED ON SINCLAIR INVOICE # _____

Check your order over immediately upon receipt.

I AM RETURNING:

ITEM NO	STOCK NUMBER	RETURNED MERCHANDISE	QTY	UNIT PRICE	TOTAL PRICE
1					
2					
3					
4					
				ORDER TOTAL	

DATE RECEIVED _____

SHIP VIA:

- UPS
- FedEx
- PPost
- Truck
- Other

RETURN Ship Chgs. _____
 (If Sinclair error)
 RESTOCK FEE _____

REASON FOR RETURN:

Item No	REASON
1	
2	
3	
4	

RETURN TO STOCK _____
 RETURN TO FACTORY _____
 ON SHELF _____



**CREDIT WILL BE ISSUED TO CREDIT CARD USED ON ORIGINAL ORDER.
 IF YOU USED CROSSCHECK® TO PURCHASE YOUR ORDER YOU WILL RECEIVE A CHECK.**

NEW ORDER:

PLEASE ENTER EXCHANGE OR REPLACEMENT STOCK # BELOW

ITEM NO	STOCK NUMBER	REPLACEMENT MERCHANDISE	QTY	UNIT PRICE	TOTAL PRICE
1					
2					
3					
4					

ORDER TOTAL	
SALES TAX (IOWA & INDIANA ONLY)	
SHIPPING \$	
Other Additions to Shipping Charges	
GRAND TOTAL	

DISCOVER VISA X MASTER CARD Check By Phone AMERICAN EXPRESS
 MasterCard VISA IMPAC DISCOVER Debit

CARD NO. _____
 EXPIRES _____
 CARD HOLDER'S NAME _____