



PRODUCT RETURN FORM

THIS FORM MUST ACCOMPANY ALL PRODUCTS BEING RETURNED!

StunTronics, LLC
ATTN: PRODUCT REPAIRS
4040 Erie Street #1055
Willoughby, Ohio, 44094

AGENCY / FACILITY: _____

STREET ADDRESS: _____ CITY: _____

(NO P.O. BOX ADDRESSES)

STATE: _____ ZIP: _____ CONTACT: _____

PHONE : _____ EMAIL : _____ Attached Paperwork: Yes No

Unit _____ Xmitter Charger Keys _____ Carriers: Reg Super Trans SXL

UNIT # :

PRODUCT: Band-It

Shield

PROBLEM :

StunTronics Use

COST : _____ CUSTOMER NOTIFIED : Yes No APPROVED: Yes No

PAYMENT: Purchase Order Credit Card

CORRECTIVE ACTION : _____

DATE RECEIVED

DATE RETURNED

Unit _____ Xmitter Charger Keys _____ Carriers: Reg Super Trans SXL

ORDER COMPLETE :

INVOICED :

PAID :