



# Return Sheet

**Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Invoice #:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

ITEMS RETURNING:	QTY.
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
_____	_____

**REASON FOR RETURN:**

**Check One:**

- Ordered wrong item
- Received wrong item
- No longer needed
- Other (Pleased specify)

\_\_\_\_\_

**20% Restocking**

Restocking for unassembled cabinets in box unopened.

**WILL RECEIVE:**

**Check One:**

- Item replacement
- Credit on the account
- Refund

**FOR BVC OFFICE USE ONLY**

**Customer Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Warehouse Signature:** \_\_\_\_\_

**Sales Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ACKNOWLEDGEMENTS: We do not accept any returns after 30 days from product receipt. Special order items, modified items, assembled cabinets and parts are not returnable.