



Phone: 800-538-4675 Fax: 800-560-5424 email: jason@smeincusa.com

****This form must be filled out & returned back to BRD to receive a return authorization****

Contact Information

Name _____ Date _____
Address _____ Phone _____
Apt/Address 2 _____ Fax _____
City, State, Zip _____

Product Information

Date Purchased _____ BRD Order # _____
Item # & Description _____ QTY: _____
Reason for Return _____

Tracking Information

*** You should acquire & retain the tracking info for the package until credit is given*
*If proof of delivery cannot be provided if requested, credit will NOT be issued***

Credit Information

Please allow 1-2 weeks for processing
You will need to provide your credit card information after your return is made
*** Please read BRD's full return policy for all guidelines. ***
If you need a copy of the policy, please refer to our web site or call to request a copy.

Signature

Printed Name

**** BRD USE ONLY ****

Place this RA # clearly visible on the pkg: _____

Return Address: _____

Additional Info: _____

Date: _____ Checker: _____ PO#: _____