

# **Return & Exchange Form**

## **Instructions**

This form is only for items that meet the criteria listed below. If you have a Warranty Item or an item that was visibly damaged by the Freight Carrier, please use the appropriate form for these circumstances (Freight Damage Instructions, Warranty Procedures).

1. Complete this Return Form and include it with a copy of your invoice.
2. All items must be New and Unused products in their "original" package. Do not write or affix labels to original packaging. **To protect original package, place in another box for return shipping. Shipping and Handling charges are not refundable.**
3. All items must have been purchased within the last 90-days from the date of the SDPC Invoice. Items older than this will be subject to a restocking fee!
4. All return items can be subject to a 20% restocking fee. We can not accept any returns on Special Order parts and/or any part that has been installed or modified. Any electrical or computer related parts that have been opened are not returnable.
5. No returns will be accepted without a copy of the original invoice! A copy of your invoice must be included! Please keep a copy for your records.
6. Items must be returned Prepaid Freight via FedEx or UPS.
7. **Send Items to:** SDPC – Returns Department  
1303 E. State Road 114 • Levelland, TX 79336

## **Mailing/Billing Address \*\*\*Must Be Completed\*\*\***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email \_\_\_\_\_

Invoice Number \_\_\_\_\_

*If you have contacted an SDPC salesperson concerning this return, please indicate their name or extension number below for reference.*

Salesperson Name or Ext. \_\_\_\_\_

## **Merchandise Return - Please Check the Appropriate Box**

☐ **Wrong/Incorrect Item**

Explain Briefly \_\_\_\_\_

\_\_\_\_\_

☐ **Damaged** New/Unused Items that have NOT been installed and no visible damage to the original box and/or shipping container. Item was discovered to be damaged when box was opened.

Briefly Describe Damage \_\_\_\_\_

\_\_\_\_\_

☐ **Not Satisfied**

Explain Briefly \_\_\_\_\_

\_\_\_\_\_

☐ **Other**

Explain Briefly \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Solutions Required - Please Check the Appropriate Box**

☐ **Replace or exchange as noted below under replacement/exchange items.**

☐ **Please contact me for exchange options and information.**

☐ **Refund - Payment will be issued in the same manner as received.**

☐ **Other** Explain Briefly \_\_\_\_\_

## **Items for Return**

| Qty | Part # | Description of Returned Items | Price (ea) | Total |
|-----|--------|-------------------------------|------------|-------|
|     |        |                               |            |       |
|     |        |                               |            |       |
|     |        |                               |            |       |

## **Replacement / Exchange Items**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



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