



CUSTOMER RETURN AUTHORIZATION FORM

If you wish to return a product to Frogfile, please complete this form and submit it via email (service@frogfile.com) or fax (604-669-5971).

Company: _____

Address: _____

Contact: _____ Phone: _____

Date: _____ Packing Slip/Invoice # _____

Items To Be Returned/Exchanged:

Item Code	Description	Quantity	Return or Exchange	Reason

Returns must be requested within 15 days from date of purchase.

We will pickup of your return and provide a 100% refund of the purchase price for items returned within 15 days in resalable condition with all packaging, instructions, etc. returned intact.

No returns will be accepted without invoice number.

Credit will be issued once the merchandise is returned and determined to be in re-saleable condition.

Please note that special orders, custom orders and open software are not returnable.

Customer Signature: _____

Frogfile Administration Only	
RA#	
Picked up by:	Returns Clerk: