



Return Authorization Number: _____

Return materials to:
Woodlyn Inc.
2920 Malmo Dr.
Arlington Heights IL, 60005

Your package **WILL BE REJECTED** if your RA number is not written on the outside of the box.
(Shipping charges are not covered by your Warranty)

Customer Contact: *(please print)*

Name: _____
Phone: _____
Fax: _____
Email: _____

Woodlyn's Service Dept. - 847.725.6759 • Fax: 847.952.0045

Please return this completed form with your material(s) Date issued: _____
(valid for 15 days)

Step 1

Please verify your exact billing and shipping information or contact us for a correction

Bill to: _____ **Ship to:** _____

Step 2

Please confirm your authorization and payment method

I pre-authorize billing for service up to: \$100 \$150 other: _____
(contact me if the price exceeds the pre-authorized amount) \$300 \$500

Service estimate is required
(A diagnostic fee may apply if repairs are declined)

Please charge the following Credit Card MC VISA
Name on the card: _____ *please print* Card Number: _____
Authorizing person: _____ *please print* Exp. Date: _____
Authorization date: _____ Signature: _____

Please send my product or part back to me C.O.D

I expect coverage under Warranty *(to expedite service, please provide a copy of your invoice)*

Please use the following PO number: _____ **Signature:** _____
(For reference only - Please choose a payment method from above)

Step 3

Please only return the items that have been authorized through a traceable method

Serial Number: _____ Product Description: _____

Reason for Return / Symptoms / Special Instructions