



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

Return Authorization Number: _____

Customer Contact: *(please print)*

Name: _____

Phone: _____

Fax: _____

Email: _____

Woodlyn's Service Dept. - 847.725.6759 • www.woodlynintl.com

Please return this completed form with your material(s)

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: _____ CID# _____

Authorization date: _____ Signature: _____

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

Please use the following PO number: _____ **Signature:** _____

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