



adiplayer

Return Merchandise Form

we are happy to accept returns for credit or exchange within 30-days of the invoice date.

please include this form and a copy of the invoice in your package

address your package to:

ADIPLAYER
ATTN: RETURNS DEPARTMENT
1100 ROCKY DRIVE
WEST LAWN, PA 19609

Name: _____ Account Name: _____

Address: _____

Phone: _____

Account #: _____ Email: _____

ITEM(S) BEING RETURNED

Invoice #	SKU	Qty. / Size	Item Description	Reason for Return

EXCHANGE FOR

SKU	Item Description	Color(s)	Qty.	Size

please provide method of payment for any balance, shipping charge or credit.

SELECT ONE:

Credit Card	
Check Enclosed	
COD	
Open Account	

please reference the last 4 digits of the card number and provide a contact phone number.

phone _____

last digits of card number _____