

 **Return Form**

*We strive to make sure your order is perfect. Your satisfaction is guaranteed.*

If you need to return an item, please fill out the form below and include it **(and a copy of your invoice)** with your return so we can process the return quickly and accurately.

BILLING NAME: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_

DAYTIME PHONE NUMBER (with Area Code): \_\_\_\_\_

INVOICE # (from front, top center, of invoice): \_\_\_\_\_ CUSTOMER #: \_\_\_\_\_

ITEM(S) RETURNED: \_\_\_\_\_

REASON FOR RETURN: \_\_\_\_\_

REQUESTED ACTION:

Merchandise Credit       Credit (to Original Pay Type)       Replacement

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*(If Credit Card Info is not provided, Merchandise Credit Will be Issued.)*

Exchange (for the following item/s, *Use an additional sheet if necessary*):

Item #	Quantity	TOTAL PRICE

**Return to the following address (No RMA is needed):**

MLCS Ltd.  
 Attn Returns  
 2381 Philmont Ave Ste 107  
 Huntingdon Valley, PA 19006