



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): _____

E-MAIL ADDRESS: _____

INVOICE # (far upper right of invoice): _____ CUSTOMER #: _____

ITEMS RETURNED			
Item #	Quantity	Total Price	Return Reason

*Reasons: 1) Ordered Incorrectly 2) Not As Expected/Different from Description 3) Not Satisfied
 4) Damaged in Shipment 5) Defective 6) Received Wrong Item 7) Duplicate Order 8) Arrived Late 9) Other*

ADDITIONAL REASON/COMMENTS: _____

REQUESTED ACTION:

Merchandise Credit Credit (to Original Pay Type) Replacement

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
 1065 Industrial Blvd
 Southampton PA 18966