



CONTINENTAL FIRE AND SAFETY

2740 Kuser Rd. | Hamilton, NJ 08691

Toll Free: 800.313.1846 | Local: 609.588.0096

Fax: 609.584.0405

Email: info@contfire.com

PRODUCT RETURN/CREDIT/EXCHANGE FORM

DATE:		ORIGINAL INVOICE #	
NAME:			
ADDRESS:			
PHONE:	CELL:	WORK:	FAX:
EMAIL:			

PLEASE LIST PRODUCT(S) BEING RETURNED			REASON FOR RETURN	
QTY	MODEL	DESCRIPTION		
			<input type="checkbox"/> WRONG SIZE <input type="checkbox"/> EXCHANGE <input type="checkbox"/> POOR QUALITY	<input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> NOT WHAT EXPECTED <input type="checkbox"/> OTHER
			<input type="checkbox"/> WRONG SIZE <input type="checkbox"/> EXCHANGE <input type="checkbox"/> POOR QUALITY	<input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> NOT WHAT EXPECTED <input type="checkbox"/> OTHER
			<input type="checkbox"/> WRONG SIZE <input type="checkbox"/> EXCHANGE <input type="checkbox"/> POOR QUALITY	<input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> NOT WHAT EXPECTED <input type="checkbox"/> OTHER
			<input type="checkbox"/> WRONG SIZE <input type="checkbox"/> EXCHANGE <input type="checkbox"/> POOR QUALITY	<input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> NOT WHAT EXPECTED <input type="checkbox"/> OTHER
			<input type="checkbox"/> WRONG SIZE <input type="checkbox"/> EXCHANGE <input type="checkbox"/> POOR QUALITY	<input type="checkbox"/> WRONG PRODUCT <input type="checkbox"/> NOT WHAT EXPECTED <input type="checkbox"/> OTHER

IMPORTANT BEFORE RETURNING PRODUCTS

- Please Read -

- Once you have reviewed this information and completed this form, please FAX or EMAIL to CFNS for processing. We will reply within 5 business days with shipping instructions.
- For product exchanges, the customer is responsible to pay the shipping fee to Continental Fire and Safety. You will be charged to reship the new product.

I have reviewed and understand the terms and conditions policy for Continental Fire and Safety. I realize that if the merchandise is not returned in the same manner it was initially sent, it may be returned to me (the customer) and a refund, credit or exchange be denied. I also realize that the merchandise that is being returned must show now signs or indication of use. I understand that my shipping and handling charge will not be refunded, unless otherwise specified.

Customer Signature: _____ Date: _____

PLEASE COMPLETE AND FAX TO: 609-584-0405