



RETURN AUTHORIZATION (RA)
 COMPLETED FORM MUST BE SENT FOR ALL
 WARRANTY AND NON-WARRANTY PRODUCTS

CUSTOMER CONTACT INFORMATION		ACCOUNT INFORMATION
Name:		RA NUMBER Call (800) 827-4548 for RA Number
Company:		
Address 1:		
Address 2:		VARILITE ACCOUNT NUMBER <i>DEALERS ONLY</i>
City:		
State/Province:		
Zip/Postal Code:		INTERNAL USE ONLY
Phone:		

RETURNED ITEMS	
ITEM 1	
Part #/Description	
Serial Number	
Reason for Return	
ITEM 2	
Part #/Description	
Serial Number	
Reason for Return	

CUSHION SERVICES					
REPAIR: Cushion services include the evaluation and repair of non-warranty items. The price per repair is \$50.00.					
Number of Items Repaired:			Cost for Repairs: (Number of Items Repaired x \$50.00)		
CUSHION COVERS: Additional cushion covers are available in standard and bariatric sizes.					
Standard Style	Size:	Material:	Price: \$47.50	Qty:	Cost: (Price x Qty) \$
Bariatric Style	Size:	Material:	Price: \$62.50	Qty:	Cost: (Price x Qty) \$

PAYMENT INFORMATION				
Method of Payment:	<input type="checkbox"/> Visa/MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Dealer PO Number:		
Credit Card Number:	This information is destroyed after use.		Expiration Date (Month/Year):	
Name on the Card:			Security Code (3 Digit or 4 Digit if AMEX):	
Billing Address (if different):				

NON-REPAIRABLE PRODUCT		
Non-repairable product returns:	If the product cannot be repaired it can be returned to you as it was received for a \$20.00 shipping and handling fee.	Check this box to have the product disposed of if it is not repairable

AUTHORIZATION	
I have read the Product Return Policy and Options and the information on this RA form. I authorize VARILITE to charge this amount to the credit card given in the "Payment Information" section above. If a dealer, I authorize VARILITE to charge my account using the supplied PO number. (Actual amount charged may be less than Total).	TOTAL: \$

SIGNATURE:	DATE:
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