



NATIONAL
RETAIL
SOLUTIONS



SUBMIT

POS EQUIPMENT RETURN FORM

PLEASE SUBMIT THIS FORM FOR RETURN AUTHORIZATION.

Date: 06/06/2018

- THIS REQUEST MUST BE APPROVED **PRIOR** TO RETURNING THE EQUIPMENT
- AFTER 90 DAYS FROM INSTALLATION, NO RETURNS WILL BE ACCEPTED

POS Salesperson: Carlos Leon

Elmer #: 12345

ITEM(S) BEING RETURNED: POS OTHER: _____

Store Name: Gibson Store BR ACCOUNT# 1234567890

Store Address: 520 Broad Street

Store Phone Number: (347) 792-3794

CUSTOMER BILLING INFORMATION:

First and Last Name: Gibson Ortega

Billing Address: 520 Broad street

Email Address: Gibsonortega@mail.com

Best Contact # or Cell: (347) 792-3794

REASON FOR RETURN REQUEST:

- MOVING
 GOING OUT OF BUSINESS
 TOO CONFUSING
 SOLD BUSINESS**
 MONTHLY FEE
 DOESN'T WORK OR IS BROKEN
 ERROR MESSAGES
 OTHER: _____

Explanations/Notes on Reason(s) Provided: Test Gibson

**IF SOLD BUSINESS, PLEASE PROVIDE CONTACT INFO FOR NEW OWNER (OPTIONAL):
