



NATIONAL  
RETAIL  
SOLUTIONS



VIEW OUR RETURN POLICY AT: [NRSPLUS.COM/RETURNS](http://NRSPLUS.COM/RETURNS)

PLEASE SCAN/EMAIL COMPLETED FORM TO:

UTA-INVENTORY@IDT.NET  
UTA-AR@IDT.NET  
POSINSTALLERSSUPPORT@IDT.NET

# POS EQUIPMENT RETURN FORM

PLEASE SUBMIT THIS FORM FOR RETURN AUTHORIZATION.

Date: \_\_\_\_\_

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

POS Salesperson: \_\_\_\_\_

Elmer #: \_\_\_\_\_

ITEM(S) BEING RETURNED:  POS  OTHER: \_\_\_\_\_

Store Name: \_\_\_\_\_ BR ACCOUNT# \_\_\_\_\_

Store Address: \_\_\_\_\_

Store Phone Number: \_\_\_\_\_

## CUSTOMER BILLING INFORMATION:

First and Last Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best Contact # or Cell: \_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_