

# Return Authorization Form

Please print this form and enclose it with the item(s) you wish to return. Please note that we will not accept returns without this information.

**SHIP/MAIL TO:**

**RET Institute**  
581 Lancaster DR SE  
#270  
Salem, OR 97317

**FROM:**

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**Phone:**

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**Original sale date:** \_\_\_\_\_

**Invoice no:** \_\_\_\_\_

**Reason for return: (check all that apply)**

Defective Product     Didn't Like     Broken

Other, please explain: \_\_\_\_\_

**What would you like us to do?**

Replace with New    comments: \_\_\_\_\_

Issue Refund (less shipping)    comments: \_\_\_\_\_

**Please feel free to give us any additional information about your transaction:**

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**Note: Some returns are subject to a 20% restocking charge. For more information regarding our satisfaction guarantee and refund policy, or for more information, see our web site or call 503-399-1181.**