

Return Authorization Request

Date: _____

R/A # _____

**R/A# MUST BE ON OUTSIDE OF BOX OR
SHIPMENT WILL BE REFUSED**

Name: _____

Shipping address: _____
(No PO Boxes)

City, State, Zip: _____

Daytime Phone: _____ E-Mail Address: _____

Item must be free from any debris, dirt or other material before returning

Product Information

Model Name: _____ Style # _____

Original Sales Receipt included, year purchased: _____

Reason for Return

Please give a short description of the defect and location on item needing repair

This section for office use only

Date Received: _____

Replacement order # _____

Date Shipped to Customer: _____

Product Evaluation: _____

Slumberjack - 6235 Lookout Road Suite G - Boulder, Colorado, 80301 USA