

Return/Exchange Form

Please fill out the form below and put it in the package being returned:

Company Name: _____

Your Name: _____

Invoice #: _____

Date: _____

Customer Address: _____

City _____

State _____ Zip _____

Phone: _____

Fax: _____

Please Circle One Option Below:

[RETURN]

[EXCHANGE]

Item #	Description	Qty	Reason

Please ship your return to:

Ripple Junction
Customer Returns Department
11529 Goldcoast Drive
Cincinnati, Ohio 45249

Phone: 513-559-3900
Fax: 513-559-3903

All credits are issued in the same manner as the payment received.

- If you paid by credit card we will credit your card immediately and apply the credit to open invoices.
- If you paid by money order or check, your credit will be applied to any open invoices.
- If the credit cannot be applied to any open invoices, we will issue a refund check after 90 days.