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Crystal Productions • Art Video World

Return and Exchange Form Please complete the appropriate information below, and enclose this form with your return.						Have Any Questions? Please call us at 800-255-8629.	
Step 1 st	tep 1: Invoice #		(as	s noted on the Packing Slip or Invo	pice)		
Originally Purchased by:				Send Refund or Exchange to: (If different from left)			
				Name: Address:			
Dhonor	(City)	(State)	(Zip)	Phone: (City)	(State)	(Zip)	
Phone: ————————————————————————————————————				_ Pnone: Email Address:	(Eveni	(Evening)	
Concealed d	ims must be made w lamage must be rep	orted within 15 day	ys of receipt.	Backorder Policy: Backordered items will ship		ilable.	
Step 2-	—Keturns _{li}	n the form below plea Ve will credit you for the retu	ase indicate the item(Irn less shipping charges.	s) you are returning, and check a box f	or reason for return.		
Quantity	Catalog Number		Desc	ription	Unit Price	Total	
Reason fo Dissatisfice Step 3-	ed 🗖 Inappr			and bill you for the difference inc		andling charges.	
Quantity	Catalog Number		Desc	ription	Unit Price	Total	
Stop 1							
Step 4							
All products or exchanges should be directed to:				Have Any Questions? Please call us at 800-255-8629.			
Crystal Productions				Catiofaction Delice			
Returns Dept 2427 Bond St.				Satisfaction Policy We guarantee 100% complete satisfaction. If you are not satisfied for any reason you may return any material in saleable			

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condition for 100% refund less shipping.

University Park, IL 60484