## Notice: Returned Goods Form

Customer Information:			
Name:			
Address:			
Phone:			

Please call 501-945-7550 before returning goods.

Date Contacted	Employee Contacted	Inv	oice#
Return Date	Packing Slip#	Call Tag Requested*	

ltem#	Qty.	Description of Item	Reason for Return

## **Return Policy:**

Items must be returned within 30 days of receipt.

All items must be returned in saleable condition. Returned Items are subject to a 25% restocking fee. Fax copy of this Return Form to 501-945-0072. Include a copy of this form with your returned items. \*Freight charges may apply when a Call Tag Request is issued.

□ I have Read and Acknowledge this Return Policy **Signature** 

**Please Return Items to:** 

Hall Manufacturing, LLC

3706 East Washington

North Little Rock, AR 72114

Office Use Only: Date Received:		
By:		
Returned to Stock: <b>Comments:</b>	Y	Ν

