



## RETURN AUTHORIZATION FORM

Customer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Order Number: \_\_\_\_\_

Product Name: \_\_\_\_\_

SKU or Item Number: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

I would like to: [ ] Return this item for a refund  
[ ] Exchange this item for:

Product Name: \_\_\_\_\_

Product SKU: \_\_\_\_\_

Please print this form, place in package, and ship to:

### **EverythingPolarisRanger**

Returns Department  
2544 American Dr.  
Appleton, WI 54914  
(920) 214-8135

Returns are processed in 3-5 business days from the date it is received at our warehouse