

DON'T SETTLE FOR LESS



BENEFIT FROM THE BEST!

N&S Supply Merchandise Return Form

Contractor Name: _____

Contractor Phone #: _____

Type of Return: **Stock**
Reason for return: _____

Defective
Reason for return: _____
(explain in detail) _____

Warranty Info:

Product: _____

Model #: _____

Serial #: _____

Replacement Model #: _____

Replacement Serial #: _____

Homeowner Name: _____

Homeowner Address: _____

Homeowner Phone#: _____

Original Installation Date: _____

Failure Date: _____