



# REFUND AND RETURN AUTHORIZATION FORM

**NOTICE: WE DO NOT ACCEPT RETURNS ON ASSEMBLED ITEMS**

SALES REP: \_\_\_\_\_ DATE: \_\_\_\_\_ INVOICE # \_\_\_\_\_

Please complete this form and submit to the email, [warranty@highlandcabinetryco.com](mailto:warranty@highlandcabinetryco.com) to process all refunds and returns from Highland Cabinetry Colorado.

**ACKNOWLEDGEMENTS:** If you opt to have the amount refunded directly to the card originally charged, you may have to wait 7-14 days for the refund to reflect through your bank. The refund will appear as a credit to your bank account or credit card statement. We do not accept any returns after 45 days from the invoice date. Special order items, modification items, and parts (panel, filler, molding) are not returnable.

**ACCOUNT HOLDER INFORMATION**

FULL NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REFUND TYPE:**

- Refund Credit Card
- Credit to Account

**REASON:**

- Duplicate Charge
- Received Wrong Item
- Ordered Wrong Item
- Backorder
- No Longer Needed
- Other (specify) \_\_\_\_\_

**WILL RECEIVE:**

- Refund
- Item Replacement
- Other: \_\_\_\_\_

**ITEMS TO REFUND/RETURN:**

SKU/ITEM	QUANTITY	AMOUNT (\$)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>25% Restocking Fee? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		\$ _____
<b>TOTAL AMOUNT REFUNDED:</b>		\$ _____

**FOR OFFICE USE ONLY | \*REQUIRED**  
IF APPLICABLE, items being returned MUST be reviewed, approved, and signed off by the Warehouse Department.

Processor Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Sales Rep/MGR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Warehouse/CPU Initials: \_\_\_\_\_ Date: \_\_\_\_\_