



RETURN/CLAIM FORM

Please fill in the form and put it in the box together with the returned goods. Returns will not be accepted without filled in return claim form.

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| DATE OF THE RETURN SHIPMENT: |
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| NAME (PERSONAL OR COMPANY): |
| ADRESS: |
| PHONE NUMBER: |
| EMAIL ADRESS: |
| INVOICE NUMBER FOR THE RETURNED PRODUCT: |
| SERIAL NUMBER OF THE RETURNED PRODUCT: |
| DATE OF PURCHASE: |
| CREDIT CARD NUMBER/EXPIRATION DATE: |
| REASON FOR RETURN: |
| OTHER COMMENTS: |

FILLED BY HALCYON WAREHOUSE:

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| DATE OF THE RETURNED PRODUCT ARRIVAL TO THE WAREHOUSE: |
| PARTS RETURNED: |
| SIGNATURE: |

HALCYON MANUFACTURING INC., 24587 NW 178th Place, High Springs, FL 32643
EMAIL: INFO@HALCYON.NET, Customer Service Hours Monday-Thursday
8:00 AM - 4:30 PM EST, Friday 8:00 AM - 11:00 AM EST