



RETURN AUTHORIZATION FORM

(For Not Needed, Unused Parts Only)

**FOR RETURNS OF DEFECTIVE PARTS CONTACT CUSTOMER SERVICE AT 704-938-1026

EDP Use Only	
RA#	
Restock Fee	
Authorization	
Date	

Please complete the below information to request a return authorization number. All fields marked with an * are required fields. Once form is complete click email to submit the form. We will then issue an RA # and return the completed form to you. Returns are subject to restocking fee in accordance with terms and conditions. Credit amount is at the discretion of Excel Dental Parts Inc. in accordance with terms and conditions. Return shipping cost is the responsibility of the buyer. No COD packages will be accepted.

Account Name*	
Account Number*	
Contact Name*	
Phone Number*	
Email Address*	

Ship Returns via UPS To:

Excel Dental Parts Inc
 Attn: Returns
 5685 Alexander Road
 Concord, NC 28027

Enter the following information for new, unused parts being returned.

			One of these is required*			Reason for Return* - Give specific reason for return, i.e. not needed, ordered wrong part, etc
Part #*	Qty*	Part Description*	Original Invoice #	Original Purchase Order #	Order ID #	

Special Notes:

All returns must be received within 60 days of date of invoice. Please pack parts securely and include a copy of this return Authorization Form including RA # and EDP authorization.

RETURNS WITHOUT THIS COMPLETED AUTHORIZED FORM WILL NOT BE CREDITED.

Requested By: _____

Date _____