

DAIGGER SCIENTIFIC, INC.

620 Lakeview Parkway • Vernon Hills, IL 60061

Phone: (800) 621-7193 Fax: (800) 320-7200

E-mail: daigger@daigger.com Website: www.daigger.com

Return Authorization Request Form

Date _____

Company Name and Address

Note: Credit will not be issued on items returned with out original packaging and/or in a condition that can not be resold. See our full policy on the next page.

Daigger Order Confirmation # _____

Contact _____

Daigger Invoice # _____

Phone # _____

Your PO # _____

Email _____

Date of Purchase _____

Part Number	Qty	Return Reason

Instructions:

- Print and Complete this Return Authorization Form
- Return the completed form to **daigger@daigger.com** or fax to **(800)320-7200**
- The Daigger Customer Service team will respond within 24 hours to assist with your return

By signing below, I understand that the items being returned will be inspected. Credit will not be issued for items returned in a condition that can not be resold. A restocking fee may be applied, you will be notified if one applies with the return authorization. This return authorization will be valid for 30 days.

Signature _____