

RETURN/CLAIM FORM

Please fill in the form and place it in the box along with the returned goods, including batteries, charger, and any related accessories or extensions.

Returns will **not** be accepted without filled in return claim form.

DATE OF THE RETURN SHIPMENT:
NAME (DEDCONAL OD COMDANU)
NAME (PERSONAL OR COMPANY):
ADDRESS:
HDDRESS:
PHONE NUMBER:
EMAIL ADDRESS:
INVOICE NUMBER FOR THE RETURNED PRODUCT:
SERIAL NUMBER OF THE RETURNED PRODUCT:
DATE OF PURCHASE:
CREDIT CARD NUMBER/EXPIRATION DATE:
DEACON FOR DETURN
REASON FOR RETURN:
OTHER COMMENTS:
FILLED BY HALCYON WAREHOUSE:
DATE OF THE RETURNED PRODUCT ARRIVAL TO THE WAREHOUSE:
PARTS RETURNED:
SIGNATURE:

HALCYON MANUFACTURING INC., 24587 NW 178 $^{\rm th}$ Place, High Springs, FL 32643

Email: techservices@halcyon.net

Customer Service Hours: Monday-Thursday 8:00 AM - 4:30 PM EST, Friday 8:00 AM - 11:00 AM EST