



1(800) 990-ALFI alfitrade.com
4831 W. Jefferson Blvd. Los Angeles, CA 90016

Tel (323) 732-4045
Fax (323) 732-2815

Return Goods Authorization

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Number: ____-____-____

E-mail Address: _____

Model No of Product(s):

Original Purchase Order Number# _____

Alfi Trade Invoice Number _____

Would like to request cal-tag (\$10.00 Fee): ____ Date: _____

Are you requesting ____ Credit or ____ Replacement

Reason for Return. *Photos must be emailed.*

No item will be accepted for return, which exceeds **30-days** from date of shipment.

- Please fill out and return.
- Please submit photos of damage to our email address or by mail.
- Email to info@alfitrade.com
- Please note that all returns are subject to a 35% re-stocking fee.

Signature Required

Location of goods for call tag if requested:

Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Phone Number: ____-____-____