



BLUE VALLEY CABINETS, INC.

RETURN SHEET

Company Name: _____

Contact Name: _____

Telephone: _____

Email Address: _____

Invoice #: _____ Date Received: _____

ITEMS RETURNING:	Quantity
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

REASON FOR RETURN

Ordered & Wrong Item

Received Wrong Item

No Longer Needed

Other (Please specify) _____

20% Restocking Fee

Restocking for unassembled cabinets in box unopened.

WILL RECEIVE

Item Replacement

Credit on the account

Refund

FOR BVC OFFICE USE ONLY

Customer Signature: _____ Print Name: _____ Date: _____

Warehouse Supervisor Signature: _____ Sales Manager: _____

ACKNOWLEDGEMENTS: We do not accept any returns after 30 days from product receipt. Special order items, modified items, assembled cabinets and parts are not returnable.