



# Customer Return

Please complete the following form and include it with your return shipment.

**Order Number:** \_\_\_\_\_

(Found on confirmation email and/or packing slip sent with package)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

**Item being returned** (Please complete one form per each item returned):

Part Number: \_\_\_\_\_

Reason for return:

☐ Changed mind, never been opened

☐ Ordered wrong item by mistake

☐ Shipping error, received incorrect item

☐ Item missing part

Please describe what part is missing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Item is defective

Please describe how item is defective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Other

Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Requested** (Please choose one)

☐ I would like MSP to credit my credit card for the item(s) returned.

☐ I would like MSP to exchange the item for the following item(s). I understand that an MSP Associate may contact me for my credit card number if there is a difference in price.

Quantity	Item #
_____	_____
_____	_____
_____	_____

\_\_\_\_\_

\_\_\_\_\_

☐ Other \_\_\_\_\_

Please include this completed form with your item(s) and return to:

Mounting Solutions Plus

Attn: Returns

10655 SW 185<sup>th</sup> Terrace

Miami, FL 33157

Once the return is received, it will be processed within 48 hours. If we have a question about your return, we will contact you as we process it.

Thank you!

10655 SW 185<sup>th</sup> Terrace  
Miami, Florida 33157

(305)253-8393  
(305) 232-1247 (Fax)

P.O. Box 97-1202  
Miami, Florida 33197