



PIERCE FOOD SERVICE EQUIPMENT CO./CHEF'S MART™ RETURN FORM

9685 West 55th Street, Countryside, IL 60525

Phone: 877-354-1265 or 708-354-1265, Fax: 708-354-1361, E-mail: chefmart@aol.com

http://www.pierceequipment.com - http://www.piercechefmart.com

RETURN POLICY

Before returning items please call or e-mail us so we know the package is coming.

Ask for your salesperson: Lisa, Sharon, Diane or Dawn

1. Items must be returned within 30 days from the receipt date.
2. All returning packages **must include *this return form and a copy of your receipt***.
3. All items must be returned in "brand new" condition, with all inside content (manuals, accessories, etc.) packed the way it originally came.
4. There will be a **25% re-stocking fee** (30% on contracts with a sales person) if:
 - Returned items are not in "brand new" condition and/or are missing any of its original contents.
 - The return form and/or a copy of your receipt are not included with the returning package.
 - You are returning items, parts, supplies, etc. that were *specifically ordered for you*.
5. If you are returning an item that is **broken or damaged** please contact us first. We will instruct you on how to handle the situation.
6. We do not pay for the "return" shipping fee on items that are not broken or damaged.
7. Before we credit your card you will receive an e-mail stating the amount of the refund/credit.

PLEASE PRINT CLEARLY WHAT IS WRONG WITH ITEM(S):

If you need more writing space please write on the back of this sheet.

FILL OUT THE FOLLOWING INFORMATION:

Name:			
Address:		Apt.#	Other:
City:	State:	Zip Code:	Country:
Phone Number: ()		Fax Number: ()	
E-mail Address:			
Order Number:		Sales Person:	
Please check the one that applies: <input type="checkbox"/> CREDIT <input type="checkbox"/> EXCHANGE			
If you choose <i>CREDIT</i> please fill out the section below (Credit Card/Check Information):			

CREDIT CARD/CHECK INFORMATION:

* We will only credit the card that was used to purchase the order.

Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Name:	
	Number:	Exp. Date:

If paid by check, issue **check payable to:**

UPS TRACKING NUMBER FOR RETURNED PACKAGE: _____

Signature

Date