



**RETURN/CLAIM FORM**

Please fill in the form and put it in the box together with the returned goods. Returns will not be accepted without filled in return claim form.

DATE OF THE RETURN SHIPMENT:
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NAME (PERSONAL OR COMPANY):
ADRESS:
PHONE NUMBER:
EMAIL ADRESS:
INVOICE NUMBER FOR THE RETURNED PRODUCT:
SERIAL NUMBER OF THE RETURNED PRODUCT:
DATE OF PURCHASE:
CREDIT CARD NUMBER/EXPIRATION DATE:
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<sup>th</sup> Place, High Springs, FL 32643  
EMAIL: [INFO@HALCYON.NET](mailto:INFO@HALCYON.NET), Customer Service Hours Monday-Thursday  
8:00 AM - 4:30 PM EST, Friday 8:00 AM - 11:00 AM EST