

Return Request Form

Email completed form to info@opacs.com

Sales Invoice No.

Order No.

Date of Purchase

Date

Product Code

Your Email Address

example@example.com

Your Address

Street Address Line 2

City

State

Zip Code

Is this a request for return?

No Yes If Yes, reason:

Is the item in resalable condition? Yes No. If no, credit may be reduced or denied.

Is this a request for replacement?

No Yes If Yes, reason:

Is this a request for refund?

No Yes If Yes, reason:

Other reason for request
