

PRODUCT RETURN & REPLACEMENT REQUEST FORM

(Print and complete this entire form, all questions must be answered)

TYPE OF REQUEST (MUST CHOOSE ONE)

Defective Return:	Defective Replacement:	Return:
Other(explain):		

ORDER BILLING INFORMATION (REQUIRED)

Name on Order:	Company:
Address:	City:
State:	Zip Code:
Email Address:	
Order # (order confirmation emailed with each order, begins with YHST):	
Item product # to be returned:	
Item product description to be returned:	
Item quantity to be returned:	
Has the item(s) been opened (yes or no):	
Order Date :	

ORDER SHIPPING INFORMATION (REQUIRED)

Name on Order:	Company:
Address:	City:
State:	Zip Code:

EXPLANATION (REQUIRED)

Please explain why you would like to return, replace or substitute your order, please explain fully so that your request is processed rapidly and is not delayed or denied unnecessarily:

Telephone Manufacturer:	Telephone Model #:
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AGREEMENT

1. By submitting this form, you authorize TheHeadsetTeam.com (owned by ShafCom) to make inquiries and investigate the information supplied. If false or fraudulent information is provided we will pursue all legal means and otherwise to investigate, report and assist authorities in prosecution to the fullest extent possible. We inspect all returns that are reported as defective. If we find they are not defective your return may be denied and no return, replacement, refund or credit will be provided. All terms and conditions agreed to as part of this purchase apply to this request. Incomplete forms may not be accepted or reviewed and will not be considered "notice" of a request of any type.
2. **How to submit your request:** Scan and then email the completed form to support@TheHeadsetTeam.com. We will review your request and respond within 2 business days in most cases. Do not ship products without a RMA Authorized by TheHeadsetTeam.com as they may be refused or discarded.

SIGNATURE (REQUIRED)

Name:	
Title:	
Date:	