



RETURN AUTHORIZATION FORM

Customer Name: _____

Phone: _____

Order Number: _____

Product Name: _____

SKU or Item Number: _____

Reason for Return: _____

I would like to: Return this item for a refund

Exchange this item for:

Product Name: _____

Product SKU: _____

Please print this form, place in package, and ship to:

EverythingKawasakiOffroad

Returns Department

2544 American Dr.

Appleton, WI 54914

(920) 214-8201

Returns are processed in 3-5 business days from the date it is received at our warehouse