COMMERCIAL ACCOUNTS
WARRANTY & RETURN DEPARTMENT

PERSONAL INFORMATION

Date: _____

*Name: _____ *Company: _____

*Address - Line 1: _____

*Address - Line 2: _____

*City: _____ *State: _____ *Zip Code: _____

Phone Number: _____ Fax Number: _____ *E-mail Address: _____

COMMERCIAL ACCOUNTS RETURN PROCESS

1. Fax request to 800.MACFAX5 or email to macquote@sbdinc.com
   - Include account number if known or name of account
   - Include complete list of tools
   - Include return address – no PO Box
   - Include name and contact phone number
2. We will send you a return shipping label
3. We will assign a Material Return Authorization (MRA) number
4. Put this number on the outside of your carton
5. Include in your carton, a complete list of the items returned and your contact information
6. You may want to insure your package

E-MAIL COMPLETED REQUEST TO macquote@sbdinc.com (allow 5-10 business days)

PART NUMBER	ITEM DESCRIPTION	QUANTITY

COMMENTS

*MANDATORY FIELDS MUST BE COMPLETED IN FULL. ANY REQUEST RECEIVED WITH MISSING INFORMATION WILL BE RETURNED.

E-mail requests or mail completed forms to:
Mac Tools
Attn: Commercial Accounts
505 N. Cleveland Ave.
Westerville, OH 43082