



Quality Tools for Smart Cleaning™

SATISFACTION GUARANTEE FORM



Distributor Use Only

Date: _____ (Type Date: XX/XX/XX)
 Notification Taken By: _____
 Distributor Name: _____
 Distributor Account #: _____
 Distributor Purchase Order or Invoice #: _____

Action

Credit
 Replacement
 Exchange

Ship To

DSR
 End User

Item No.	Description	Quantity	Reason for Return

End-User Details

Name: _____
 Address: _____

 Email: _____
 Tel.: _____

**Fax completed form to Customer Service at 1.800.367.1988
 or email to customersatisfaction@ungerglobal.com**