Return/Exchange Form

Date:		
Order #:		
Name:		
Address:		
Phone:		
Reason for return:		
I would like to do the fo	lowing:	
Get a refund (minus restocking and ship	oing charges)	Exchange for a different product Part #
Replace for Warra	ity	Quantity
Credit card number: (Re	_	s will be charged a 10% restocking fee ence if fees apply):
Name on card:		
Expiration date:		
Billing address (If differen	t than address abov	/e):
Credit card information will not be I	ept on file and will be ch	arged for refunds and exchanges only. By

credit card information will not be kept on file and will be charged for refunds and exchanges only. By providing your credit card information, you authorize Black Widow Performance, Inc. to charge your card for these items.

Mail returns to:

Black Widow Exhaust

11711 Coley River Circle, Suite 11 • Fountain Valley, CA 92708 (949) 228-9715