



www.pro-fit-intl.com

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****Updated Product Exchange and Product Return Policies****

Product Exchange Policy

Effective March 1, 2008

Authorized Dealers and Distributors Only

Pro.Fit International, Inc. will allow product exchanges of their vehicle specific mounts (VSM). Because we believe it is advantageous for companies selling Pro.Fit International VSMs to have access to the latest mounts available, we have structured an exchange program that allows a one for one exchange within the first year of being purchased directly from Pro.Fit International.

Products eligible for exchange are the standard VSM, the VSM Legend and the VSM G3. Each may be exchanged one for one for a like mount or mount of lesser value.

Any VSM being exchanged must be unused and in like new condition and a copy of the receipt must be provided. Each mount will be inspected upon receipt. Any mount received damaged or previously installed is not eligible for an exchange. Rejected mounts will be discarded.

To process an exchange, the exchange must be approved before any product is shipped. An Exchange Authorization form must be completed and returned. Form: **Exchange Material Form Rev 4-10.**

No exchanges or returns for cash are allowed.

See Exchange Material Form Rev 4-10 below



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Product RETURN Policy

Effective March 1, 2008

Authorized Dealers and Distributors Only

Pro.Fit International, Inc. will allow the return of any product within the first 30 days of purchase. A **Return Authorization Form Rev 5-10** must be filled out and approved prior to returning any product. A copy of the original receipt must be provided. Returns will only be considered if product was purchased directly from Pro.Fit International.

Product returned will be subject to inspection and a minimum of a 15% restocking fee. Credit may be requested, and if granted must be used within 60 days of issue date or it will be lost.

No returns for cash are allowed.

Pro.Fit International warrants the quality of every product and will consider product replacement with a like product or occasionally with an upgraded product should it be determined the original failed under warranty.

See Return Authorization Form Rev 5-10 below.



RETURN AUTHORIZATION FORM 5-10

NUMBER: _____

Date: _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Product to be returned:

<u>Part Number</u>	<u>Invoice Number</u>	<u>Quantity</u>	<u>Price/Unit</u>	<u>Total</u>

Note: Product without a corresponding invoice number will be credited at the lowest published price.

Sub Total	
Minimum 15% Restocking Charge	
TOTAL	

Credit will be issued to account. No cash refunds.

I warrant that the above products to be returned are new and unused.

Signature: _____

Pro.Fit International Use Only:

Customer Service Rep: _____

Date Entered: _____

Date Received: _____

Date Processed: _____

