



NATIONAL
RETAIL
SOLUTIONS



VIEW OUR RETURN POLICY AT: NRSPLUS.COM/RETURNS

PLEASE SCAN/EMAIL COMPLETED FORM TO:

UTA-INVENTORY@IDT.NET
UTA-AR@IDT.NET
POSINSTALLERSUPPORT@IDT.NET

POS EQUIPMENT RETURN FORM

PLEASE SUBMIT THIS FORM FOR RETURN AUTHORIZATION.

Date: _____

- THIS REQUEST MUST BE APPROVED **PRIOR** TO RETURNING THE EQUIPMENT
- AFTER 90 DAYS FROM INSTALLATION, NO RETURNS WILL BE ACCEPTED

POS Salesperson: _____

Elmer #: _____

ITEM(S) BEING RETURNED: ☐ POS ☐ OTHER: _____

Store Name: _____ BR ACCOUNT# _____

Store Address: _____

Store Phone Number: _____

CUSTOMER BILLING INFORMATION:

First and Last Name: _____

Billing Address: _____

Email Address: _____

Best Contact # or Cell: _____

REASON FOR RETURN REQUEST:

☐ MOVING ☐ GOING OUT OF BUSINESS ☐ TOO CONFUSING ☐ SOLD BUSINESS**

☐ MONTHLY FEE ☐ DOESN'T WORK OR IS BROKEN ☐ ERROR MESSAGES

☐ OTHER: _____

Explanations/Notes on Reason(s) Provided: _____

**IF SOLD BUSINESS, PLEASE PROVIDE CONTACT INFO FOR NEW OWNER (OPTIONAL):

