



RETURN MERCHANDISE AUTHORIZATION

CUSTOMER NAME: _____

INVOICE NUMBER: _____ OR ORDER NUMBER: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE NUMBER: _____

REASON FOR RETURN:

LIST OF PRODUCT(S) TO BE RETURNED:

| ITEM NUMBER | DESCRIPTION (OPTIONAL) | QUANTITY |
|-------------|------------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- We will email you a Return Merchandise Authorization (RMA) notice and a shipping label, if your request is accepted. SEND all the products to us using the shipping label provided.
- Once we receive the product(s) we will inspect and make sure it meets our conditions (no visible signs of wear or use). If approved, we will process a refund (less shipping costs). A credit will be processed three to four business days, depending on your original credit card's issuer policies.

INTERNAL USE ONLY

DATE APPROVED: _____ RMA NUMBER: _____