



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:

