



RMA Request Form

(Please fill out the form in its Entirety)

Date:			
Contact Name:			
Company:			
Reason Return:	<input type="checkbox"/> Defective	<input type="checkbox"/> Unsatisfied	<input type="checkbox"/> Wrong Item
Request:	<input type="checkbox"/> Replacement	<input type="checkbox"/> Store Credit <small>(Within 6 months of original purchase)</small>	
	<input type="checkbox"/> Repair	<input type="checkbox"/> Refund <small>(Within 30 Days of original Purchase)</small>	
Response	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone
Phone:			
Email or Fax:			
Invoice #	Item	Qty	Reason for Return
Comments:			
Signature:			

Please do one of the following:

- 1) Save this form to your computer, fill it out, then reattach it in an e-mail and send it to rtazani@gmail.com
- 2) Print out the form, fill it out and Mail it to:

MAIL: 18855 W. Little York Rd. Suite 200D Katy, TX 77449

*** Please allow 24-48 hrs for us to approve and give you your RMA Number. ***