



Return Authorization Form

Supplier Name:	STUN, L.L.C.	Supplier Address:	Complete Fulfillment & Distribution 23040 N. 11th Ave. BLDG #1 Suite #107 Phoenix, AZ 85027
Customer Name:		Reason:	
Order Number:		Order Description:	

Customer Signature: _____

Date: _____

Note: Please return the goods to the supplier address listed above with this RMA form inside the Package. Your card will be credited when the merchandise is received.