

## Return Merchandise Authorization (RMA) Request Form

**Please fill out this form completely.** A Steer Smarts Customer Service representative will contact you to provide an RMA number. At anytime you need further assistance, please send an email to [warranty@steersmarts.com](mailto:warranty@steersmarts.com) or contact the sales office at 734-748-5603 between the hours of 8am-5pm ETS Monday-Friday. If you are returning multiple items, please include a separate document with all items attached, and reason for return. Please email the completed form and a copy of your invoice to [warranty@steersmarts.com](mailto:warranty@steersmarts.com)

### Contact Information

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Order/Invoice #: \_\_\_\_\_

### Product Return Information

**Product Name** or Part # \_\_\_\_\_ Qty: \_\_\_\_\_

Reason for return:

Defective

Don't want

Other

Please provide detailed comments related to your return so we can complete your request. Missing information can delay processing of your RMA.

**Product Name** or Part # \_\_\_\_\_ Qty: \_\_\_\_\_

Reason for return:

Defective

Don't want

Other

Please provide detailed comments related to your return so we can complete your request. Missing information can delay processing of your RMA.

# OFFICE USE ONLY - PRODUCT FULLFILMENT

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

**Product Name** or Part # \_\_\_\_\_ Qty: \_\_\_\_\_

Product Name or Part # \_\_\_\_\_ Qty: \_\_\_\_\_

Product Name or Part # \_\_\_\_\_ Qty: \_\_\_\_\_

Product Name or Part # \_\_\_\_\_ Qty: \_\_\_\_\_

Additional comments related to the return or special shipping instructions. Missing information can cause delayed processing time. Please allow 48 hours for RMAS to be processed.