



2100 Orchard Ave.
San Leandro, CA 94577
510-351-4417

RMA Information Sheet

Date _____

Customer Number (if known) _____

Name _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

Phone _____

Email _____

Ear tip included in package Yes No

Shipping Preference (Circle one): USPS Priority UPS Ground UPS 2-Day

Problem _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Call me for credit card/billing information