

Replacement Merchandise Authorization (RMA) Form

Full Name		Please fill out RMA form completely to the best of your ability. If unsure about a response, leave space blank.		
Email Address				
Street Address				
City, State/Province				
Zip, Postal Code				
Country				
		<table style="width: 100%;"> <tr> <td style="width: 15%;">Date</td> <td style="width: 85%;"></td> </tr> </table>	Date	
Date				
		<table style="width: 100%;"> <tr> <td style="width: 15%;">Order Number</td> <td style="width: 85%;"></td> </tr> </table>	Order Number	
Order Number				
		<table style="width: 100%;"> <tr> <td style="width: 15%;">Order Date</td> <td style="width: 85%;"></td> </tr> </table>	Order Date	
Order Date				

Instructions

Complete, print and include typed copy of form with the product(s) being returned. RMA form must be present, complete, and accurate in order for your return to be processed correctly.

Technicians are unable to perform services on returned product(s) that have not been approved by customer service representatives. Once mailed, updates and modifications cannot be made to the RMA.

Technicians rely on the details written on this form to perform repairs, upgrades, and exchanges. Be specific when filling out RMA details.

Product(s) Included	Quantity

Indicate type of RMA <input type="checkbox"/> Warranty Repair <input type="checkbox"/> Upgrade <input type="checkbox"/> Return <input type="checkbox"/> Out of Warranty Repair <input type="checkbox"/> Exchange	Indicate purchase location <input type="checkbox"/> Saberforge.com <input type="checkbox"/> Showroom <input type="checkbox"/> Etsy <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>
---	---

Reason for RMA	
-----------------------	--