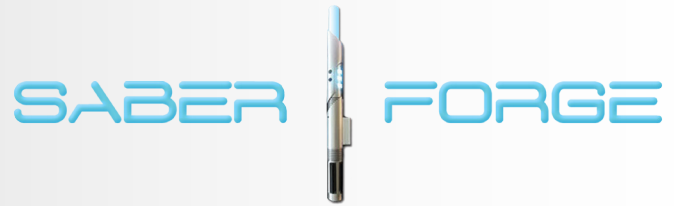


**SABER FORGE**

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Please TYPE on this form or attach a TYPED document, hand writing can be too hard to decipher.

NAME: \_\_\_\_\_

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EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ORDER DATE: \_\_\_\_\_

ITEM NAME(S): \_\_\_\_\_

WHERE DID YOU PURCHASE THIS ITEM?:

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SHOWROOM

YOUR REASON FOR RETURNING THIS ITEM:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please print, sign and include this form to mail in with your return.  
We can not process returns that do not include a completed and accurate RMA.*

*Thank you.*