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## Return Merchandise Authorization Request Form

Please read carefully, sign and scan to [Sales@ChaseBays.com](mailto:Sales@ChaseBays.com) or include in box with product. Under the Chase Bays, Inc policy system, all claims for defects, damages, discrepancies, short-term shipment, etc. must be made within 72 hours of receiving the goods. We reserve the right to examine and inspect all defective or damaged goods before deciding to either issue credit, replace, or repair the goods (at our option). If returning because of defect we highly suggest you go through everything to ensure your issue isn't a mistake or error on your end. We reserve the right to refuse or deny service if at the time of inspection the goods were found to be 1) in an unsanitary condition (for health concerns), 2) have prior unauthorized repair or alterations done, or 3) sustained damages not caused by manufacturing defect or shipment. Assembled goods may not be eligible for replacement. Failure to give notice will revoke acceptance of claims made thereafter. No cash refunds. The RMA is only valid only for items originally listed in the request form. The items may only be inspected and tested for the problems listed in the RMA, so please describe the problem clearly. Please be sure to return the goods in its ORIGINAL packaging with all packaging materials. Any items returned incomplete or defaced will not be given credit. All returned shipments must be freight prepaid by the customer. All claims for merchandise damaged in transit must be made through the freight carrier. Attach a copy of the RMA inside or outside of the package. Packages without the RMA included will be refused. By signing below you agree to not disclose ANY information or issues claimed to happen between you and Chase Bays, Inc anywhere. **ONCE YOU HAVE FULLY READ, UNDERSTOOD AND AGREE WITH THE POLICY ABOVE, PLEASE SIGN BELOW:**

Customer Name:

Customer Phone #:

Customer Email:

Shipping Address (if exchange):

Type of Claim:  Damaged  Missing  Defective  Cancel  Exchange

Description of Needs:

Customer Signature:

Date:

Authorizing Employee Signature:

Date: