

Lucky8 Offroad Returns  
 9620 County Rd.  
 Clarence Center, NY 14032



Return Merchandise Authorization  
**RMA REQUEST**

Today's Date:

**SOLD TO:**

Name:  
 Company Name:  
 Address:  
 City, State Zip:  
 Phone:  
 E-mail:

Recipient Name:  
 Company Name:  
 Address:  
 City, State Zip:  
 Phone:  
 E-mail:

**PRODUCT LOCATED:**

**REASON FOR RETURN:** (Please choose all that apply)

- Wrong Item Ordered
- Item received damaged - Description of damage:
- Wrong Item sent- Requested Item#      Item # Received

Salesperson	Order Number	Invoice Number	PO Number

Item Number	Description	Quantity	Price

**Warranty Claim**

Item Number		Purchased From	
Description of Issue			

Original Payment	Refund Type
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- |                                      |                                      |                                 |   |
|--------------------------------------|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Phone order | <input type="checkbox"/> Amazon | <input type="checkbox"/> Original Payment |
| <input type="checkbox"/> Paypal      | <input type="checkbox"/> Website     | <input type="checkbox"/> Other  | <input type="checkbox"/> Store Credit     |
| <input type="checkbox"/> Cash        | <input type="checkbox"/> Ebay        |                                 | <input type="checkbox"/> Exchange         |