



plashlights@gmail.com
(281) 414 -7177

RETURN MERCHANDISE AUTHORIZATION FORM (RMA)

PlashLights LLC.
3304 N Wyoming Ave
Dickinson, TX 77539

Customer Information

Name: _____
Company Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ or _____
Email: _____
Invoice Date: _____ Invoice #: _____
Item(s) Purchased: _____
Company item(s) were purchased from: _____
RMA #: _____

INSTRUCTIONS*:

1. **Contact PlashLights to request an RMA# prior to completing this RMA form** (plashlights@gmail.com or 281-414-7177)
2. **Upon receipt of an RMA#, fill out this form completely.**
3. **All returns must include the following:**
Completed RMA form, item in original packaging (if available), and a detailed description of the problem with the product.
4. **Ship the merchandise to the following address:**

PlashLights
ATTN: RETURNS DEPT
3304 N. Wyoming Ave.
Dickinson, TX 77539

*PlashLights LLC reserves the right to review all orders at which point we may accept or decline any order for any reason, regardless of any confirmation receipt sent by the customer. When returning products, we strongly recommend the use of a carrier that can track packages and calculate correct postage, as we do not accept any returned packages with postage due. PlashLights is not responsible for any damages incurred during shipping to our company. You also assume responsibility for insuring the returned item. PlashLights retains ownership of all products until payment is received.

Description of Problem: _____

Reason for Return (check all that apply)

1. 30 day satisfaction guarantee (15% restocking fee applies)
2. Received wrong product. Please explain: _____
3. Received damaged shipment. Please file a claim with carrier and enter claim number here: _____
4. Defective product. Please explain: _____

What would you like us to do?

1. Repair or replace with item of same type ordered.
2. Issue credit (less shipping, and restocking fee if applicable)
3. Trade in (exchange with different item) Clarify: _____

Comments: _____

Customer Signature _____ Print Name _____ Date _____

COMPANY USE ONLY:

DATE RECEIVED: _____

ACTIONS TAKEN: _____

COMPLETION DATE: _____