



TOLL FREE (855) 661-1002  
LOCAL (281) 414 -7177

### RETURN MERCHANDISE AUTHORIZATION FORM (RMA)

PlashLights  
3304 N Wyoming Ave  
Dickinson, TX 77539

#### Customer Information

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

#### INSTRUCTIONS\*:

1. Fill out form completely.
2. For RMA#, use today's date (example: RMA# 4-01-2022).
3. All returns must include the following: Completed RMA form, item in original packaging (if available), and a copy of original receipt.
4. Write RMA# on exterior of shipping box.
5. Ship the merchandise to the following address:

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

Description of Problem:

\*PlashLights 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.

#### 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 -NOT AVAILABLE IF OVER 30 DAYS (less shipping, and restocking fee if applicable)

Comments:

Customer Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

#### COMPANY USE ONLY:

DATE RECEIVED: \_\_\_\_\_  
ACTIONS TAKEN: \_\_\_\_\_  
COMPLETION DATE: \_\_\_\_\_