

REQUEST FOR RETURN AUTHORIZATION

Request is for: **NON-Warranty- Repair Warranty - Warranty Replacement- Credit**

Company Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Cell/Pager: _____
Customer Number: _____ Sales Person: _____

***ALL requests will be treated as NON-Warranty repairs unless a copy of the original invoice is provided at the time of request:**

Model: _____ Serial Number: _____ Date Purchased*: _____
Invoice # *: _____

**** DETAILED** Description of Problem or Defect:

Model: _____ Serial Number: _____ Date Purchased*: _____
Invoice #*: _____

**** DETAILED** Description of Problem or Defect:

**** Please Describe in DETAIL the Reason for Requesting an RMA. Be Specific in Stating the Product Return Reason or Product Defect or Failure. Use a Separate Sheet if Necessary. (Note: A description of "D.O.A." is not acceptable.)**

Please read these important aspects of our Return Merchandise Policy & Procedure:

- All returns require a *Valid* RMA#. RMA #'s are only valid for 15 days from the date of issue. Unauthorized returns will not be accepted and will be shipped back at customer's expense.
- RMA requests are required in WRITING; Verbal requests are not permitted.
- Credit will only be issued on merchandise that is returned IN NEW CONDITION and in ORIGINAL PACKAGING within 30 days of purchase. Any Return that has been Installed or used will be charged a 25% Restocking Fee.
- Delivery, shipping and handling, insurance, installation, airtime, activations, and/or other fees for services performed are nonrefundable and will be deducted from the amount refunded.
- Customer authorization of estimate is required before any Non-Warranty repair work will be performed.
- Customer is to make shipping or pick up arrangements within 7 days of notification that repair is complete.

Customer is responsible for all shipping and insurance charges on returns

Name: _____ Title: _____
Signature: _____ Date: _____

- **Please repackage items in original box and return items and clearly mark RMA# on outside of shipping carton.**
- **Please ship to: S&L Services Inc. 705 Michigan St. Walkerton, IN 46574 ATTN: Dept RMA# _____**

PLEASE FAX THIS COMPLETED FORM TO (888) 261-2363