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**Return Authorization Form
 (RMA)**

8/6/10

All Refunds and Replacement Requests require an RMA#. Prior to sending in your return, please email RMA@bracketron.com or call 800-571-2551 to obtain an RMA#. NO REFUNDS OR REPLACEMENTS WILL BE MADE WITHOUT AN RMA#. Please fill out the Return Authorization Form in it's ENTIRETY and include the form with your return shipment. Your return will be processed within five business days of receipt and in the order it was received. For Questions regarding your refund/replacement, you may contact us at RMA@bracketron.com. Please use your RMA# for reference for all inquiries.

Address for Return Shipment		RMA# _____	
Customer Name:			
Address:			
City:		State:	Zip:
Customer Email:		Phone:	

Please select ONE return option below.

- I am returning this product in its original condition within 30 days of the invoice date on my packing slip. I am requesting a **REFUND** for the full amount of product, not including original shipping cost and restocking fees
- I am returning this product in its original condition within one year of the invoice date on my packing slip. I am requesting a **REPLACEMENT**.

Reason for return: _____

I hereby certify that the information contained herein is complete and accurate.

Printed Name

Signature

Date

For Internal Use Only	
Entered by:	
Reviewed by:	
Sales Account:	
Date completed:	