

ArmConnect.com

Return Merchandise Authorization (RMA) Form

Please type or print clearly with all required fields and fax back to 1-510-576-1743

Name*: _____, Order/Invoice#*: _____

Phone#*: (_____) _____ - _____, Evening Phone#: (_____) _____ - _____

E-mail Address* : _____

Address: _____

City: _____, State: _____, Zip: _____

Model#: _____, Quantity: _____

I would like to receive RMA number via: Fax E-mail Phone

Action requested* : Replacement Exchange
 Refund (less shipping \$6.95 or shipping cost on the invoice whichever is greater)

Reason for return: _____

RMA Policy:

1. RMA number is valid for 10 days.
2. ArmConnect.com is responsible to replace a defective item by ground shipping.
3. No advanced replacement.
4. Detail policy is listed at our website at <http://www.armconnect.com/policy.php?submit=returnExchange>

I have read and agree to the policies stated above

Print Name*: _____, Signature*: _____, Date*: _____

All * is required for RMA request to be processed.

Below is For ArmConnect.com RMA Department Use Only

RMA #: _____ Issued By: _____ Date: _____ Valid Through _____