



Return Merchandise Authorization (RMA) Form

Please type or print clearly with all required fields and fax back to 1-408-701-0018

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

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

E-mail Address* : _____

Address: _____

City: _____, State: _____, Zip: _____

Printer/Copier/Fax Cartridge#: _____, Quantity: _____

Printer/Copier/Fax Model# _____

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

Action requested*: Replacement Exchange to _____

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 30 days.
2. InksOutlet.com is responsible to replace a defective item by standard shipping.
3. No advanced replacement.
4. Detail policy is listed at our website at <https://www.inksoutlet.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 InksOutlet.com RMA Department Use Only

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