



REQUEST FOR RETURN MERCHANDISE AUTHORIZATION NUMBER (RMA#)
Fax this form to 760.796.6579 along with copies of the original invoice.

DATE: _____

CUSTOMER NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____

INVOICE NUMBER	ITEM NUMBER	QUANTITY	REASON FOR RETURN <i>(Please indicate whether for credit or replacement and defect)</i>

*****This Form Is Not A Confirmation of Receipt of Product.*****
Evaluation of product is the sole discretion of Klein Electronics, Inc. A Should the product be DOA or deemed manufacturers defect it will be replaced. A. If it is deemed abused or broken by common usage, a replacement or repair cost shall be incorporated and the Customer will be contacted prior to replacing or repairing for authorization.