



TerryWristband.com
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RMA#

RMA Request Form

Please call us to get Return Merchandise Authorization number before mailing the form and the merchandised item

Date:

Customer Name:
Address:
City: State: Zip Code:
Telephone: Fax:

Table with 5 columns: Item, Qty, Description, Inv.#, Inv.Date. Rows 1, 2, 3.

Please provide detailed reason for the return

- 1.
2.
3.

Exchange Credit

\*\*\*\*\* For Couver Corp. Use Only \*\*\*\*\*

Receiving :
Inspected by:
Date:

See below for detail:

RMA :
Approved
Denied

Form with checkboxes: Credit, or Exchange contingent on inspection; Company policies call for 15% restock fee; Out of company sales policies for credit (30 days). No RMA; Other