



R.M.A. Request Form

Please fill out this form before you call for your R.A.#.

No R.M.A.'s will be issued until this form is filled out, and approved by our Customer Service Dept.

Customer Service Hours

9am – 4pm Monday - Friday

Date: _____ Your Account # : _____

Company Name: _____ Contact: _____

Your Fax # : _____ Your Phone # : _____

Manu- cturer	Model#	Serial #	Date of Sale	Qty	Reason for Return	Approval Internal Use

Comments:

Please **CLICK HERE:**

or fax back to: **(561) 842-7055**

Once we receive your request, we will review and e-mail / fax back your R.M.A.#.

DO NOT send back any merchandise without an R.M.A.#. **IT WILL BE REFUSED.**

1. The above must be filled out completely before an R.M.A. will be issued.
2. Please remember to tape your R.M.A.# on the outside of your box.

To Be Issued (Your R.M.A. #) _____
(Internal use only)

Thank You,
Audio America Customer Service Dept.