Customer Service Fax - 303-973-9246

Return Authorization Form

Name _____

Invoice #: _____

Contact: _____

Phone #: _____ **Fax #:** _____

DO NOT WRITE "DEFECTIVE". PLEASE BE SPECIFIC WITH THE REASON FOR RETURN.
Example: Bad sound - Not charging, etc.

QTY	PRODUCT#	ORDER #	REASON FOR RETURN	REPLACE?			
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	