



50 Old Post Road
Newington, New Hampshire 03801
(800) 926-REPS
FAX (603) 433-8477

Fax Transmittal Sheet

To:

Attn:

From:

Date:

RE: RETURN AUTHORIZATION REQUEST

Number of pages (including cover sheet): 1

MESSAGE:

Urgent For your review Reply ASAP Please comment

RETURN AUTHORIZATION REQUEST FORM

IN ORDER TO PROCESS YOUR RECENT REQUEST FOR A RETURN AUTHORIZATION NUMBER, PLEASE COMPLETE THE FOLLOWING OUTLINE AND FAX IT, ALONG WITH THE RETAIL SALES RECEIPT PERTAINING TO THE PRODUCT TO: 603-433-8477.

MANUFACTURER: _____ **PART#:** _____

PRODUCT DESCRIPTION: _____ **SERIAL#:** _____

DETAIL SYMPTOM GENERATING RETURN REQUEST:

PRODUCT PURCHASE DATE FROM THE BEST REPS (OR INVOICE#): _____

HAS THE MANUFACTURER'S WARRANTY CARD BEEN SUBMITTED? _____

MANUFACTURERS OFTEN REQUEST PRODUCT BE RETURNED IN IT'S ORIGINAL PACKAGING, ALL PIECES INCLUDED, TO ENSURE COMPLETE WARRANTY / DEFECTIVE REPLACEMENT / REPAIR. PLEASE ASSEMBLE THESE ITEMS WHILE AWAITING YOUR RA#. MISSING PARTS MAY AFFECT THE VALUE OF A RETURN.

YOU MAY EXPECT A RESPONSE TO THIS REQUEST WITHIN TWO WORKING DAYS, ALONG WITH INSTRUCTIONS DETAILING RETURN PROCEDURES.

THANK YOU.