

DATE FAXED : _____

OFFICE USE ONLY RMA# _____

RETURN AUTHORIZATION REQUEST FORM

877-898-9845 TOLL FREE # 818-407-0452 PHONE 818-407-0389 FAX

THIS IS A REQUEST FORM FOR RMA NUMBER ONLY. IT DOES NOT IMPLY AUTHORIZATION TO RETURN MERCHANDISE OR AUTOMATIC CREDIT.

Credit for the return will be issued upon receipt and inspection of the item(s).

**** A sample page of any print defect is re-quired to be sent back with the product.****

Account # **01-**

Reference #: (please fill out one or more of the following items being returned from)

PO#		Invoice#	
Confirmation/ Order#		Inv/ship Date	

Product information

Item#	Description	OEM	COMP	Qty

Subject to restocking fee.

Reason for Return

Overstocked	<input type="checkbox"/>	Will not print/work? Model intended for?	
Cancelled order	<input type="checkbox"/>	Royal order entry error	<input type="checkbox"/>
Cust Changed Machines	<input type="checkbox"/>	Royal pick-shipper error	<input type="checkbox"/>
Customer order entry error	<input type="checkbox"/>	Print defect ** (SEE BELOW)**	<input type="checkbox"/>
Other (please specify) _____			

WILL THERE BE A REPLACEMENT NEEDED?

Your name: _____ Fax#: _____

E-mail address: _____
(for label E-mailing)

Pick up from end user?*	yes	<input type="checkbox"/>	No	<input type="checkbox"/>	if no please specify where product will be picked up from		
Name	_____						
Address	_____						
City	_____	state	_____	zip	_____	_____	

*ARS label too may apply

***** A SAMPLE COPY MUST BE SENT WITH CARTRIDGE IN ORDER FOR CREDIT TO BE ISSUED *****