



DATE FAXED: _____

OFFICE USE ONLY

RMA# _____

RETURN AUTHORIZATION REQUEST FORM

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

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

THIS IS A REQUEST FORM FOR RMA NUMBER ONLY

Account #

PO# Invoice#

Confirmation/ Order# Inv/ship Date

Item#	Description	OEM	COMP	QTY	BAR CODE

<p>Subject to restocking fee.</p> <p>Overstocked <input style="width: 50px; height: 15px;" type="text"/></p> <p>Cancelled order <input style="width: 50px; height: 15px;" type="text"/></p> <p>Cust Changed Machines <input style="width: 50px; height: 15px;" type="text"/></p> <p>Customer order entry error <input style="width: 50px; height: 15px;" type="text"/></p> <p>Exact reason for return. _____</p> <p>What is the defect? _____</p>	<p>Will not print? <input style="width: 50px; height: 15px;" type="text"/></p> <p>Printer Model # <input style="width: 50px; height: 15px;" type="text"/></p> <p>Royal order entry error <input style="width: 50px; height: 15px;" type="text"/></p> <p>Royal pick-shipper error <input style="width: 50px; height: 15px;" type="text"/></p> <p>Print defect ** (SEE BELOW)** <input style="width: 50px; height: 15px;" type="text"/></p>
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******Replacement orders MUST be placed separately**

Your Name: _____ Fax#: _____
(for label E-mailing)

E-mail address: _____

Where will product be picked up from?
 Name _____
 Address _____
 City _____ State _____ Zip _____

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