

RETURN MERCHANDISE AUTHORIZATION FORM

INVOICE NUMBER (RMA)# R-_____

INVOICE DATE: _____

DESCRIPTION OF ITEM RETURNED:

ITEM NUMBER	DESCRIPTION	QUANTITY

EXPLAIN REASON FOR RETURNING THE ABOVE PRODUCT(S)

DEFECTIVE [] WRONG ITEM [] NOT SUITABLE []

NAME ON THE INVOICE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Please complete all the information required above, save, print, and return to us by FAX: **1-888-878-2040** or by email: sales@peepholesecurity.com
Package properly the item to be returned, enclose a copy of this form and send together with a copy of the invoice/packing slip to the proper location as indicated on our website at www.peepholesecurity.com/support.htm . Items returned to the wrong location or without the proper documentation will not be processed. Allow up to 30 days for processing your claim. Thank you.