



Black Rapid, Inc.

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Return Materials Authorization Form

Please follow these instructions while filling out this form:

- You can fill out this form on your computer or by hand; if you are filling the form by hand please write legibly and with blue ink.
- RMA requests without the required information will be discarded. Please have a copy of your receipt or email our Customer Relations for help on this.
- Make sure your package shows the Authorization Number before shipping the merchandise.

Customer Information

Company:		Phone Number:	
Name:		Fax Number:	
Address:			
City:	State:		Zip Code:
Country:		E-mail:	

RMA Information

Date:	Invoice / Sales Order Number:
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PRODUCT MODEL	QTY	ISSUE (REASON FOR RETURN)

RMA Authorization

For internal use only. Please do not write or fill out anything below.

Inspector:	Authorization No:
Approval:	Date Shipped: