



Black Rapid Inc.

3257 17th Ave W #202, Seattle, WA, 98119 | Fax: (206)-299-9734
web: <http://www.blackrapid.com> | e-mail: customerrelations@blackrapid.com

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:
-------	-------------------------------

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: