

Print out this form **and Fax to:** (409) 838.4966 for an R.M.A. # (Return Material Authorization)

Date: _____

Company / Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

R.M.A.# _____

Invoice #: _____

Invoice Date: _____

Reason for Return: _____

Choose One: _____ Return + 25% Restocking Fee _____ Product Exchange

_____ Warranty Repair _____ Out-Of-Warranty Repair

Signature: _____

An R.M.A. # (Return Material Authorization is required for all returns.

Please include a **Copy of Invoice**, inside the box being returned.

You are responsible for Insuring the Return Shipment, to protect it during return shipment.

All items must be returned in excellent condition, such as Packing Material, User Manual /Documents, Keys, etc.

The Return Shipping Label should include the following information.

R.M.A. #: _____

Carpenter's Time Systems
7090 College Street
Beaumont, Texas 77707
U.S.A.