

**RMA Request Form**

Company name

RMA request number

Date

Return date req

Contact name

Telephone number

Return shipping address:

Email address

Fax number

**Product information**

Item	Qty	P.O #	Model/ Part No.	Serial No.	Symptoms (as detailed as possible)

Special instructions:

IF YOU NEED TO RETURN ANY FSN PRODUCT FOR REPAIR, PLEASE USE THE FOLLOWING PROCEDURE.

1. Fill out RMA Request Form and obtain RMA# from FSN.
2. Attach the product with a tag detailing the reason for return.
3. It is preferable that the original packing be used. You are responsible for delivering the returned product to FSN safely and undamaged.
4. The RMA number should be clearly marked on all returned product, boxes, packages and accompanying paperwork.
5. RMA # obtained is valid for 60 days from the date issued.
6. Please help us process your request as quickly as possible by following the above procedure.

Thank you!!

**FORESEASON USE ONLY**

RMA issued by:

RMA received by: