RMA FORM

19446 NW 65 St., Ft. Lauderdale FL 33332
Ph(954) 858-5340
E-mail : sales@vestabond.com

Please complete form and return via fax			
Customer Information			FOR OFFICIAL USE ONLY
Name:			RMA#:
Address:			In-Date:
City:	State:	Zip Code:	Out-Date:
Phone:	Fax:		Rec. By:
Contact:	E-Mail:		Ship By:

QTY	Part#	Serial #	Invoice#	Inv. Date	Problem

Notes:

1. Customer must provide detailed problems for all returned items
2. Form must be complete all the blanks space with all the information requested in this form
3. The RMA # issued shall be valid for 30 days
4. Any product received with physical damage will be not accepted
5. Make sure there are no labels or stickers other than those from manufacturer on the product.
6. Remember to display the RMA# on the outside of the shipping package.
7. We will be not responsible for lost items.
8. We reserve the right to return unauthorized items to the customer.