



RETURN AUTHORIZATION FORM

CLIENT INFORMATION:

COMPANY:		Today's Date:	
Billing/Shipping Address:		Department:	
City:	State:	Zip:	
Contact Person:	Office #:	E-mail address:	
RMA:		Invoice Date:	
Invoice #:	PO # If Invoice is Not Available #:		

REASON FOR RETURN/SPECIAL INSTRUCTIONS:

Return Item(s) & Quantity(s)

<input type="checkbox"/> Microphone Kits	<input type="checkbox"/> Adapters
<input type="checkbox"/> Earpieces	<input type="checkbox"/> Earmold
<input type="checkbox"/> Shoulder Mics	<input type="checkbox"/> Other:

SPECIAL NOTE & INSTRUCTIONS :

WARRANTY COVERS MANUFACTURER DEFECTS ONLY.
 Any Product(s) that shows sign of Physical abuse is not
 covered under the terms of the Warranty. **TO AVOID
 ANY DELAYS, ATTACH A NOTE TO EACH ITEM
 INDICATING THE PROBLEM THAT YOU ARE
 EXPERIENCING.
 WRITE YOUR RMA # OUTSIDE OF THE SHIPPING
 BOX**

SHIP TO:

**EASY TO GET WIRELESS
 ATTN: RECEIVING DEPARTMENT
 13135 DANIELSON STREET, SUITE 210
 POWAY, CA 92064-6039
 858-486-9859**



Complete & Enclose with the Return Merchandise.

RECEIVING ONLY: (Please Leave Blank)