



# Phoenix Innovations, Inc.

PO Box 11055, Russellville, AR 72858

RMA # \_\_\_\_\_  
Office Use Only

## Return Merchandise Authorization (RMA) Request Form

Date \_\_\_\_\_

Please fill out this form completely. A Phoenix Innovations representative will contact you to provide the RMA. They can be reached at sales@phoenix314.com or (479) 219-9100 between 8am to 4:30pm CST Monday-Friday. If you are returning more items than will fit on this form, please copy and use page 2 as many times as needed.

Please email this completed form and a copy of your packing list or Invoice to sales@phoenix314.com.

### Contact Information

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Invoice/PO #: \_\_\_\_\_ Total RMA Qty: \_\_\_\_\_

### Product Return Information

Product Name/Part #: \_\_\_\_\_ Qty: \_\_\_\_\_

Reason for Return: (Select One)

Warranty       Defective       Don't Want       Other

Please provide detailed comments related to your return so we can complete your request.

Missing information can delay processing of your RMA.

Product Name/Part #: \_\_\_\_\_ Qty: \_\_\_\_\_

Reason for Return: (Select One)

Warranty       Defective       Don't Want       Other

Please provide detailed comments related to your return so we can complete your request.

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**Phoenix Innovations RMA Request Form**

Customer Name: \_\_\_\_\_

**Product Name/Part #:** \_\_\_\_\_

**Qty:** \_\_\_\_\_

Reason for Return: (Select One)

- Warranty
- Defective
- Don't Want
- Other

Please provide detailed comments related to your return so we can complete your request.

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**Product Name/Part #:** \_\_\_\_\_

**Qty:** \_\_\_\_\_

Reason for Return: (Select One)

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**Qty:** \_\_\_\_\_

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**Qty:** \_\_\_\_\_

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