



20895 Currier Road. Unit B
 Walnut, CA 91789
 TEL: (909) 598-0738
 FAX: (909) 598-0733

RMA Request Form

Company: _____ Account #: _____ Contact: _____
 Phone: _____ Fax: _____ Date ____ / ____ / _____ Sales Rep _____

There will be a 15% restocking fee for all non-defective return items

Internal Use ONLY

	Invoice	Part Number	Reason for return	Received Date	RMA QTY	QTY for Credit	QTY for Exch.	QTY for No Return
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
					Total:			

(items not included on this request will not be returned to customer)

Credit – 30 Days of Invoice Date.

Exchange ONLY – 31-90 Days of Invoice Date *(no exchange/ return after 90 days)*

Please Note:

1. Upon receipt of RMA# please ship goods back within 7 days. **Clearly Mark RMA # on Box.**
(Shipment w/o RMA # will be refused)
2. All returns must be shipped to Kroousa, in a secure box **with original packaging.**
3. **Warranty Void** if returned products suffer from any of the following conditions:
 - a) Physical damage; Incomplete Packaging/ Disassemble/ Tampered Products.
 - b) Items not sold by Kroousa or insufficient information not on this request.
 - c) Items shipped to Kroousa without RMA # and this form will be rejected.

Please visit: www.kroousa.com to view our full Return Policy.

RMA #	
Issued Date	
Received Date	

Fax- 909-598-0733 Attn: RMA Dept.