

DVW RMA FORM

Return Merchandise Authorization

STORE:	DATE:
ADDRESS:	CONTACT:
CITY:	EMAIL:
PHONE:	FAX:

THIS FORM MUST BE COMPLETED IN FULL TO APPLY FOR CREDIT.

QTY	DVW SKU#	DESCRIPTION	ORIGINAL INVOICE #	REASON FOR RETURN

Please include all information when applying for an RMA. Returns will be subject to a 15% Re-stocking charge unless product is under warranty or defective. Return Freight will be the responsibility of the Customer. NO RETURNS will be accepted after 1 year from invoice date. Discrepancies on shipments MUST be reported within 7 days.

