



RETURN AUTHORIZATION FORM

RA#: _____ (assigned by Special Projects Audio service personnel)

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ E-Mail: _____

Model #: _____

Dealer Acct # (if applicable): _____

PRODUCT INFORMATION

Model # / Serial # _____

Is the product under warranty? Yes No If yes, dated sales receipt is required Date of Purchase: _____
Any repairs received without proof of purchase will be handled as "Non-Warranty"

Detail description of problem:

PAYMENT METHOD (payment method must be provided with repair)

Visa MasterCard Discover American Express

Card No: _____ Exp Date: _____

Name as it appears on card: _____

Three digit security code on the back of the card: _____

Credit Card Billing Street Address: _____

City _____ ST _____ Zip: _____

Repair charges under \$35.00 will be automatically charged to credit card provided. If repair charges exceed \$35.00, a representative from Special Projects will call for approval .

RETURN SHIPMENT INFORMATION

(all repairs are returned Fed Ex Ground unless otherwise specified at which time, additional shipping charges will apply)

Return Shipping Address: (Must be physical address)

Attn: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

I acknowledge that Special Projects Audio is in no-way responsible for lost or damaged merchandise due to shipping. I understand that the only work authorized on the merchandise is that which is stated on this form.

Signature _____ Print Name _____ Date _____

Please fill in applicable sections and ship this page with merchandise to be returned.