MALCOM DISTRIBUTORS Inc.,

RMA Request Form

51-08 Northern Blvd. Woodside, NY 11377-1733 Phone: 718 803-8100 Fax: 718 803-2394

The following number must appear on all related correspondences, shipping documents, invoices and return boxes:

RMA NUMBER: _____

Name ___

Company _____

Address _____

City, State ZIP

Note : All phone, special order and SIM's sales are final. No credit or exchange allowed. Warranty provided by manufacturer and NOT by Malcom Distributors. Request for full credit should be received within 7 days of receipt of merchandise in original packaging. Accessories to be returned for exchange or credit should be in unopened original packaging and not defaced. Restocking fee may apply if these conditions are not met.

Any questions, please contact Malcom Distributors RMA Dept.

Phone ______ Fax_____

RMA Date	Requested by	Invoice Numbers	Invoice Dates

Item #	Description	Reason for returns or exchange	Unit Price	Qty	Sub- total
			Total		

- Please fax RMA Form with copies of original invoices so 1. that proper credit or exchange could be applied.
- 2. Defective items will be exchanged or credited in accordance with market prices, terms, and also specifications listed on original Invoice.
- 3. There is no credit or exchange for misused items or non defective items
- 4. Incorrect items delivered must be return in the same package they were delivered within 7 days of invoice date. NO EXECPTIONS.

IMPORTANT: Have the RMA signed and print their name by driver who's collecting the returns if it is not shipped back with a tracking number.

Observations:

Pick up by: