

SLEEP CRYSTALS CUSTOMER RMA REQUEST FORM

Request Date:	<input type="text"/>
Customer Name:	<input type="text"/>
Contact Name:	<input type="text"/>
email:	<input type="text"/>
Address:	<input type="text"/>
Reason for return	<input type="text"/>

RMA Process Requirement:

1. Send a note that describes all problems using this form.
2. All RMA request forms should be emailed / faxed directly Sleep Crystals.
3. Incomplete form filling may cause delay in RMA process.
4. Print RMA# clearly on all mailing labels.
5. For all RMA units, customers should pay for the return freight
6. Customers should hold responsibility for shipping charges
7. Improper packaging will invalidate RMA process.