

RA Form

Return Authorization Request Form



Fitness Audio Distributors, LLC
 303 Potrero Street, Suite 45-105
 Santa Cruz, Ca 95060
 831 458-1800
 fax 831 420-3642

Info@fitaud.com

www.fitaud.com

FA Return Authorization #
Customer Return #

Company	
Address	
Contact	
Phone	
e-mail	
Purchase Date	
Item	
Serial Number	
Issue	

INSTRUCTIONS

- Please fill out the above information in full.
- Forward the form to Fitness Audio Distributors - Via Email or Fax.
- F.A.D. will contact you with an RA # to print in the FA Return Authorization # box at the top of the page
- Return the product (excluding non essential accessories) with a copy of this completed form to:

Fitness Audio Distributors, LLC
303 Potrero Street, Suite 45-105
Santa Cruz, Ca 95060
ATTN RA# _____

- F.A.D. will contact you regarding the status/repair options of your product.
- All Charged Repairs and Non Repaired (out of warranty) products will incur return shipping charges.
- Minimum Bench Fee for all items (out of warranty) is \$25.
- Product returned without this form filled out will be returned freight collect.

FA Use Only			D Rec -	D Insp -	D Ret -
Solution					
Warranty	Y	N	Repair Cost		
Payment Type	V	MC	AMX	Authorized by	Date