

# Cartridges 4 Less

## RMA REQUEST FORM

Please Complete Form and Fax to (570) 588-1366

Questions?? Please Call (866) 707-7924

Acct #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Qty	Part #	Detailed Reason for Return

- We will honor requests for defective product replacements for up to 90 days from the original invoice date, unless approved by your account representative.
- Product must be returned within 30 days of receipt of the RMA authorization #. RMA authorizations numbers will expire in 30 days and will be processed upon approval.
- Shipping Label will be provided by Cartridges 4 Less, Inc. for all defective returns, excluding OEM products.
- Non-Defective returns must be sent back at customers expense in re-sellable condition, and may be subject to a 15% restocking fee.
- The RMA Authorization Number with the RMA Approval Form must be in the return box for proper identification.
- Replacements will be sent out when RMA has been approved. (Usually within 24 hours) Please note any special instructions or additional comments below.

*Special Instructions/Additional Comments:*

**\*\*\*\* To Be Completed by Cartridges 4 Less Customer Service Rep Only \*\*\*\***

**RMA #:** \_\_\_\_\_ **CAF #:** \_\_\_\_\_

**Replacement Issued:** \_\_\_\_\_ **Label Request:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Customer Service Rep:** \_\_\_\_\_