RETURN AUTHORIZATION FORM

Please complete the entire form prior to submitting your request. Submittal of this form DOES NOT guarantee return approval. Once your form is submitted a representative will contact you within 48 hours of receiving your request. Please fax this form to (954) 571-1966.

If your return is approved you will receive an RMA # via E-mail. You ***MUST*** include a copy of this RMA form with the approved products that are being returned. The provided RMA # ***MUST*** be displayed on the outside of the package. If the RMA # is not displayed on the outside of the package it may be refused by the receiving department.

All returns will be processed as EXCHANGE or CREDIT Only – NO REFUNDS!

COMPANY NAME: _____
CONTACT NAME: _____
PHONE: _____ FAX: _____
ADDRESS 1: _____
ADDRESS 2: _____
ADDRESS 3: _____
E-MAIL: _____

RMA #: _____ ISSUED BY: _____
INVOICE # OF ORIGINAL PURCHASE: _____
PURCHASE DATE: _____
METHOD OF PAYMENT: _____

List below the items you wish to return. Please list each phone individually.

PHONE MAKE & MODEL	ESN / IMEI	REASON

PHONE MAKE & MODEL	ESN / IMEI	REASON

ADDITIONAL COMMENTS:

ALL APPROVED RETURNS MUST BE SHIPPED TO:

CELLRUNNERS DISTRIBUTION
RMA #
1701 GREEN RD, SUITE H
POMPANO BEACH, FL. 33064