

MALCOM Distributors

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

Fax: 718 803-2394

RMA Request Form

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

RMA NUMBER: _____

Name _____

Company _____

Address _____

City, State ZIP _____

Phone _____ Fax _____

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 accessories credit should be received within 7 days of purchase in original packaging. Accessories to be returned for exchange or credit should be in unopened original packaging and not defaced. Restocking fee may apply.

Any questions, please contact Malcom Service & RMA Dept.

RMA Date	Requested by	Invoice Numbers	Invoice Dates

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

1. Please fax RMA Form with copies of **original invoices** so that proper credit or exchange could be applied.
2. Items will be exchanged in accordance with **market prices**, terms, and also specifications listed on original Invoice.
3. Defective original items will be credit only with proper packaging & within **60 days** from original invoice.
4. There is **NO Credit or Exchange** for misused items.
5. Items must be return in the same package they were delivered. **NO EXEPTIONS**

Have the RMA signed by driver who's collecting the returns.

Observations:

Pick up by: _____

 Authorized by Date