

RETURN MERCHANDISE AUTHORIZATION FORM

RMA#: _____

ISSUE DATE: _____

In order to obtain a Return Authorization for your merchandise & proper credit to your account, please fill out ALL of the fields on this form COMPLETELY and fax it back to 86-755-25732767 to process your request.

Company/Customer Name: _____	Original Godwing Invoice #: _____
Attn: (Dept./Location): _____	Original Godwing Invoice Date: _____
Address: _____	Shipment Received on: _____
City: _____ State: _____ Zip: _____	Godwing will only accept returns that are sent via PREPAID FREIGHT.
Country: _____ E-mail: _____	Godwing will only accept returns in the original packaging, including all of the original components. A restocking charge of 20% will apply for improperly returned goods.
Tel: _____ Fax: _____	All Cartons returned must be labeled with Item#(s) and RMA# provided.
Authorized Signature: _____	
Contact Name: _____	

Please list the ITEMS to be returned:

	ITEM#	QTY	Description	REASON # (see below)
1				
2				
3				
4				
5				

Reason for Return:

- 1. Duplicate order
- 2. Samples
- 3. Customer did not order
- 4. Customer incorrectly ordered
- 5. Defective/Damaged
- 6. Merchandise destroyed
- 7. Other: _____

Please explain damages & defects in detail here:

I have read and understood the attached dreamGEAR RETURN POLICY.

Signature/PRINT NAME

DECISION:

- _____ Credit will be given upon product inspection
- _____ Products will be replaced upon receipt at our warehouse
- _____ Dispose of products and we will credit your account
- _____ Return Authorization Denied

INTERNAL OFFICE USE ONLY

Salesperson: _____

Date: _____

Authorized by: _____