

Return Merchandise Authorization (RMA) Request Form

PLEASE NOTE THAT ALL RETURNS ARE SUBJECT TO A 15% RESTOCK FEE. ANY DAMAGE TO THE PRODUCT MAY POTENTIALLY VOID THE RETURN CREDIT. WE DO NOT REFUND SHIPPING COSTS. ABSOLUTELY NO RETURNS ALLOWED PAST 30 DAYS OF ORIGINAL SHIPPING DATE

PLEASE EMAIL THIS COMPLETED FORM BACK TO [INFO@TYRANTCNC.COM](mailto:info@tyrantcnc.com) WITH A SUBJECT LINE OF "RMA FORM BEFORE SHIPPING YOUR ITEM(S)"

RMA FORM MUST ALSO BE INCLUDED IN THE PHYSICAL RETURN, FAILURE TO DO SO WILL DELAY YOUR CREDIT.

Contact Information

Company Name

Contact Name

Address

City State Zip

Country

Phone Fax

Email

Order/Invoice #:

Product Return Information

Product Name or Part # Qty:

Reason for return:

☐ Defective (select one)

☐ Don't want

☐ Other (select one)

Please provide detailed comments related to your return so we can complete your request. Missing information can delay processing of your RMA.

Product Name or Part # Qty:

Reason for return:

☐ Defective (select one)

☐ Don't want

☐ Other (select one)

Please provide detailed comments related to your return so we can complete your request. Missing information can delay processing of your RMA.

Company Name _____ Contact Name _____

Product Name or Part # _____ Qty: _____

Reason for return:

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