



RETURN AUTHORIZATION REQUEST FORM

CUSTOMER SERVICE TEL: (909) 923-3868 / FAX : (909) 930-1344
Email:warranty@powerbassusa.com

Customer: _____

Account.#: _____ LEAVE BLANK FOR CONSUMER RETURN

Address: _____

Contact Person: _____

Contact Phone Number: _____

Contact Fax Number / Email Address: _____

CREDIT (Direct Accounts Only)

EXCHANGE

Date: _____

RA#: _____ internal use only

Model #

Serial #

Specific Description of Problem*

*(Failure to complete will mean denial of RA)

REC

Table with 3 columns: Model #, Serial #, Specific Description of Problem*. Contains 12 empty rows for data entry.

PLEASE RETURN ALL DEFECTIVE PRODUCTS TO:

POWERBASS U.S.A., INC. - 2133 S. GREEN PRIVADO - ONTARIO, CA 91761

PLEASE WRITE THE RA# ON ALL ADDRESS LABELS AND EACH CARTON(S) PRIOR TO SHIPPING