

RA Form

Return Authorization Request Form



Fitness Audio, LLC
 151 Harvey West Blvd., Suite E
 Santa Cruz, Ca 95060
 831 458-1800
Info@fitaud.com
www.fitaud.com

FA Return Authorization #

Company	
Address	
Contact	
Phone	
e-mail	
Purchase Date	
Item	
Serial Number	
Issue	

Payment Type	V	MC	AMX	Card #	Exp Date	/	CV#
Charge Authorized Up To (Circle)				Billing Address			
\$200	\$150	\$100	\$75	\$50	\$25	Authorized by	Date

INSTRUCTIONS

- Please fill out the above information in full.
- Contact Fitness Audio for a RA number by phone or email.
- Print the FA Return Authorization # in box at the top of the page & on the outside of your parcel
- Return the product (excluding non essential accessories) with a copy of this completed form to:

Fitness Audio, LLC
151 Harvey West Blvd., Suite E
Santa Cruz, Ca 95060
ATTN RA# _____

- F.A. will contact you regarding the status/repair options of your product. Charged repairs will require a credit card for payment prior to any work being completed.
- All Charged Repairs and Non Repaired (out of warranty) products will incur return shipping charges.
- Minimum Bench Fee for all items (out of warranty) is \$25.
- Product returned without this form filled out will be returned freight collect.
- Product left beyond 30 days is left to the discretion of Fitness Audio and will be either recycled at a green waste facility - or - will be returned to the customer COD at the customer's expense.

FA Use Only	D Rec -	D Insp -	D Ret -
Solution			
Warranty	Y	N	Repair Cost