

# RA Form

Return Authorization Request Form



## FITNESS AUDIO

Fitness Audio, LLC  
 1717 Seabright Ave, Suite 2  
 Santa Cruz, Ca 95062  
 831 458-1800  
[Info@fitaud.com](mailto:Info@fitaud.com)  
[www.fitaud.com](http://www.fitaud.com)

FA Return Authorization #

Company	
Return 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	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
- Return the product (excluding non essential accessories) with a copy of this completed form to:

**Fitness Audio, LLC**  
**1717 Seabright Ave, Suite 2**  
**Santa Cruz, Ca 95062**  
**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 \$35.
- 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.

<b>FA Use Only</b>	D Rec -	D Insp -	D Ret -
Solution			
Warranty Y N	Repair Cost		