PROFORCE EQUIPMENT, INC.

CONSUMER
RETURN AUTHORIZATION FORM

INSTRUCTIONS

Send this completed form, a copy of your receipt of purchase and the item(s) you are returning to:

Proforce Equipment, Inc.
Attn: RMA Department / RMA#_____
3230 Executive Way
Miramar, FL 33025.

- Please reference the RMA # on the outside of the package

All products have a one year warranty from the date of purchase from an Authorized Dealer. Only goods having a manufacturing or material defect will be considered for repair or replacement.

RETURN DATE	/ /
RMA #	

CONTACT INFORMA-						
	NAME					
	ADDRESS 1					
	ADDRESS 2					
	CITY		STATE		ZIP	
	PHONE		E-MAIL			

PURCHASE INFORMATION	
PURCHASED FROM (DEALER)	
DATE OF PURCHASE	/ / 20_____

ITEM(S) BEING RETURNED					
ITEM NAME					
ITEM #		UPC #		COLOR/SIZE	
REASON					

All of the above information is considered confidential and will be used for the sole purpose for this Return Authorization.