## PROFORCE EQUIPMENT, INC.

## CONSUMER RETURN AUTHORIZATION FORM

## **INSTRUCTIONS**

NAME

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

RETURN DATE / /

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.

⋖									
CONTACT INFORMA	ADDRESS 1								
IN L	ADDRES	S 2							
NTAC	CITY					STATE		ZIP	
8	PHONE					E-MAIL		•	
			PURCHASE INFORMATION						
PURCHASED FROM (DEALER)									
DATE OF PURCHASE				1	l 20	_			
ITEM(S) BEING RETURNED									
ITEM NAME									
ITEM#			UP	PC#			COLOR/SIZE		
REASON									
						1			
1									

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