

Address: 110 N. California Ave., City of Industry, CA 91744

Company Name

Email: sales@cstsecurity.com Website: www.cstsecurity.com

RMA Request Form

To submit a Return Merchandise Authorization (RMA) request, please complete the following form. In order to expedite your request, please complete all information requested below.

Please <u>notify your sales representative</u> and return the completed form to <u>support@cstsecurity.com</u> or fax to <u>(626)336-0095</u>. You will be notified with an RMA number if your return request has been approved.

* No return will be accepted without approved RMA number *

All returned merchandise must be accompanied by a copy of the <u>approved RMA request form</u>, <u>original invoice</u> and <u>RMA Number clearly written on the mailing label and on the outside of the box</u>. All returns must be shipped prepaid. Please see RMA Policy for more details.

Customer Information

Customer ID

Contact Person				Phone #			
Invoice #				Email			
		Р	roduct I	nformation			
Item Number	QTY	Unit Price	Reason of Return				
By signing the RMA f	orm, I agree	to the terms a	nd condi	tions set forth o	on this from.		
Signature:	Date:						
	<u>-</u>		FOR INT	ERNAL USE			
Approved Return?		Yes / No		RMA#			
Reason if not appro	oved						
Technician Signature				Date			