



Return Material Authorization (RMA) Request Form

TO: _____

ATTENTION: _____ PHONE NUMBER: _____

DATE: _____ FAX NUMBER: _____

FROM: **MK RMA Authorization Dept.**

RETURN GOODS POLICY

1. Return authorization **must** be obtained from MK Products, Irvine, California, prior to the shipment of any product, for any reason. We will issue to the customer a numbered "RGL" label, which **must** be affixed to the outside of the package and a copy affixed to the returned product. Packages without the RGL Shipping Label on the outside will be refused.
2. **NEW/UNUSED/DEFECTIVE** You have up to **30 Calendar Days from Invoice Date** to request a return of **NEW/UNUSED** or **DEFECTIVE** items. If the item(s) are sent back unused in the original packaging including any accessories or manuals that shipped with the product and follow the return procedures, MK Products will offer you a **full refund, less shipping costs** upon inspection and acceptance of the returned product (unless the item is defective, which you will receive full credit). You will be responsible for shipping the item(s) back to MK Products, including any shipping fees.
3. **OPEN/USED** You have up to 15 days from date receipt of products to request a return of the open/used items. These items will be subject to a 30% restocking fee and all shipping costs. **No Exceptions**
4. All returns **must** be made Freight Prepaid. MK Products will not accept any returns shipped Freight COD. Any items returned without written authorization from MK Products will be returned, freight collect. If you ship items to us via USPS, please request proof of delivery. Shipping is never refundable.

RMA PROCEDURES

1. All fields of the RMA form **must** be completed for an RMA authorization number. Please complete the RMA form with detailed descriptions of the problem with your product. Use extra sheets if necessary.
2. Either an RMA number or a reason for RMA denial will be faxed back to you.

**Return both pages to RMA Authorization Dept: 949-474-1428 or
sales@mkprod.com**

Date: _____ Company: _____

Name: _____ Address: _____

Phone: _____

Fax: _____

Model/Part Number	Serial Number	Quantity	P.O. Number	Invoice Number	RMA Auth. Number



Return Material Authorization (RMA) Request Form

Return both pages to RMA Authorization Dept: 949-474-1428

Reason for Return (Explain in Detail):

I have read and understood all of the policies stated above.

Signed: _____ Date: _____

Do Not Write Below This Line. MK Use Only.



Approved: _____ Date: _____