



Return Material Authorization Form

RMA# _____

2500 Bisso Lane #200 Concord, California 94520
(800) 609-7550 Fax: (419) 821-7683
rma@ziplinq.com

Name: _____ Phone: _____ Fax: _____

Address: _____

E-Mail Address: _____

ZIP-LINQ Part #	Brief Description	Qty	Cost	Retailer Purchased From	Comments If defective, please explain problem

All columns above must be filled to process RMA.

Additional Information (optional): _____

PLEASE FOLLOW THESE GUIDELINES:

1. All sections of RMA form must be completed to receive an RMA #
2. RMA # must be on the outside of all returned boxes and a copy of the RMA form inside.
3. Customer is responsible for shipping the product to Zip-Linq.
4. Copy of original receipt is needed for replacement.
5. Warranty is 1 year from original purchase date.
6. Replacements ONLY for same item. NO CREDITS OR REFUNDS ISSUED.

Thank you...your cooperation is greatly appreciated!