



RMA# _____

MUST BE ON ALL PACKAGES BEING RETURNED.
SO WE CAN CREDIT YOUR ACCOUNT
ACCORDINGLY.

RETURN MERCHANDISE REQUEST FORM

1. All returned items must be in their original packaging (free of any markings), with complete accessories and in good working and sellable condition.
2. All information must be provided completely (i.e. **invoice#**, **PO#**, **SO#**) with details for reason of return, to ensure the accuracy of the report. Incomplete requests or details for credits and/or returns may result in delay, or will not be processed.
3. Please send the duly accomplished and signed form through **FAX** (1-800-222-3316 or 323-888-6699) or **EMAIL** (RMA@cal-royal.com), **ATTN: RMA UNIT**.
4. All returns are subject to restocking and/or re-boxing fee depending on the condition of the item(s) including accessories and box packaging upon receipt.
5. All products/items may only be returned, or requested for RMA within 90 days of invoiced date. **(NO EXCEPTIONS)**
6. The RMA is valid for 30 days only. If item has not been returned within the 30 days period, the RMA will then be void and payment is due immediately.

All boxes must have a copy of this form inside each box and be marked with RMA# issued.

COMPANY NAME: _____ **ACCT #:** _____

CONTACT: _____ **DATE:** _____

✉ **EMAIL:** _____ ☎ **PHONE #:** _____ 📠 **FAX #:** _____

ORDER #	PO#	INVOICE #	ITEM #	QTY	REASON FOR RETURN	OFFICE USE ONLY FOR APPROVAL

ACTION REQUIRED

RETURN FOR CREDIT

REPLACE

OTHER _____

COMMENTS: _____

PLEASE FAX RMA FORM TO CONFIRM PROCESSING

CUSTOMER SIGNATURE: _____ DATE: _____

DATE FAXED: _____

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