

RETURN AUTHORIZATION FORM



RMA#: _____

Attn: _____ Account #: _____

Company: _____

Address: _____

Attention: _____

Amount: _____

Date of Purchase: _____ Purchase #/Invoice #: _____

Product(s): _____
(Include model #) _____

Reason for Return: _____

- NEW NEW/USED (Saleable)
 Soiled/USED (Non –Saleable) Manufacturing Defect

*** Returns will be credited, replaced or repaired, only if deemed to be a manufacturers defect or pre-approved by Bilt-Rite/Mastex. Unused Items must be returned in original packaging .
Include a copy of this form with your return. ***

Approved by: _____ Date: _____

Mail Returns to:
Bilt-Rite Mastex Health
200 Anthony Circle, Croydon, PA 19021