

RETURN AUTHORIZATION FORM

www.highscoresaves.com

1. Please fill out your full name, address, phone number and order number

2. Items to be returned. (Please use separate lines for each item being sent back. Use multiple sheets if you need to.

Quantity

Item

_____	_____
_____	_____
_____	_____
_____	_____

3. Please check one:

- CREDIT** (must be new in original package, and may be subject to a restocking fee)
- REFUND** (must be new in original package, and may be subject to a restocking fee)
- REPAIR or RETURN** RETURNED REPAIRS WILL BE SHIPPED BACK USPS UNLESS SPECIFIED OTHERWISE!
IN 30 DAY WARRANTY____ OUT OF 30 DAY WARRANTY____ (IF OUT OF WARRANTY YOU NEED TO CONTACT US DIRECTLY)

4. Please write down your reason for returning the product.

FIELDS BELOW TO BE FILLED OUT BY HIGHSCORESAVES CUSTOMER SERVICE DEPARTMENT

HIGHSCORESAVES RMA# _____

C/S REP - _____

RESTOCKING FEE? _____%

Exchange or defective – 0% / Other 10% / Shipping non refundable

PLEASE PLACE RA# ON TOP OF BOX.

