



# RETURN MERCHANDISE AUTHORIZATION FORM

To ensure timely processing, a proof of purchase must accompany your returned product.

NOTE: Each RMA number is good for one shipment and is effective 10 days after date of issue.

**1** This form must be completed, and is required for all product returns. Call 616.662.6199 or email your product list to [Orders@soundoffcvp.com](mailto:Orders@soundoffcvp.com) to request an RMA number.

RMA Number: <i>Very important! Write this number outside the box near the address.</i>		Date of Return:	
PO Number: <i>Do you require a PO# for returned product?</i>		Invoice Number: <i>Please enclose a copy of your dated proof of purchase.</i>	
Contact Name:	Phone:	Email:	
Company:		Customer Number:	
Address 1 (no PO Boxes):			
Address 2:			
City:		State:	Zip:
Country:			

**2** List product details including why the product is being returned (example: product is defective, etc.).  
NOTE: Non-defective returns may be subject to a restocking fee.

<input type="radio"/> Defective <input type="radio"/> Wrong Product Shipped <input type="radio"/> Wrong Product Ordered			
<input type="radio"/> Other, please explain:			
QTY	Part Number	Date Code / Serial Number	If defective was selected, what was wrong with the product?

**3** Do you have any questions or comments regarding your return?

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**4** Be sure to enclose this completed RMA form and a copy of the dated proof of purchase with your return. Write the RMA number on the outside of the box and return to the address below.

ATTN: RMA DEPARTMENT  
 RMA NUMBER (Important-write your assigned number here)  
 SOUNDOFF CVP  
 3630 HIGHLAND DRIVE  
 HUDSONVILLE, MI 49426

Internal use only - Disposition: