



Mitchell Enterprises
*Where the **Customer** always comes first*

1054 Whitegate Road
Wayne Pa 19087
610-687-5884 Fax 484-585-1687
mitchellsales@gmail.com

Return Authorization Request Form

Fill out form entirely and return it. We will then issue a return authorization (RMA) and return instructions:

Item Model Number _____ Serial # _____

Date Purchased _____ Has Item been used ? _____

Reason for return _____

Name _____ Company _____

Address _____ City _____ State ____ Zip _____

TERMS

- RMA # is good for 15 days
- A 20% restocking charge applies to un-used equipment
- Used equipment will be inspected and restocking fees up to 50% assessed depending on condition
- Return double boxed with no labels on original box
- All original shipping items and accessories must be returned intact
- Refunds will be issued to original payment method
-

I agree to all the above terms and conditions:

Authorized Signature _____

Print Name _____ Position _____