88 Griffith St, Unit D Winder, GA 30680 844.472.9262

RETURN MERCHANDISE AUTHORIZATION		
Company:		ORDER#:
Name:		DATE:
Address:		RMA#:
City/State/Zip:		
Phone Number:		
Email Address:		
YOU SHOULD H	AVE RECEIVED AN RMA NUMBER FROM PROBO	TIX OVER THE PHONE OR VIA
EMAIL ALL INFO	RMATION ON THIS FORM MUST BE COMPLETED	TO ENSURE YOUR RETURN
IS PROCESSED	PROMPTLY. Warranty turnaround is usually 48 hour	rs, non-warranty is as time is allowed.
	original sales order to be covered under warranty ar	
	se or abuse will void the warranty and repair may be	
, je g	DESCRIPTION OF SHIPPED ITEMS FOR RETU	
DESCRIPTIO	ON OF PROBLEM AND TROUBLESHOOTING *PRO	VIDE AS MUCH DETAIL AS POSSIBLE*
	[]	-
Shipping	Customer to ship items any method desired to PROBOTIX with	Payment
	this form printed and enclosed in the box. When repair or replacement is ready if applicable, it will be shipped back to	Credit Card, or PayPal if
	customer standard ground shipping. Expedited shipping shall be	RMA has any charges
	paid for by customer if requested. Returns are subject to 15%	applicable
	restocking fee and shipping is not refundable.	
By requesti	ng an RMA you agree to the return and warranty poli	icies outlined at the below page.