

DATE _____



RA# _____

RETURN AUTHORIZATION FORM AND BENCH TEST FORM

Please carefully read the process for Vickers AV RA processing.

1. Fill out Company Contact Information
2. Fill out Product Return Description
3. Send the completed RA form to FAX (770) 794-1054 or EMAIL kelley@vickersav.com
4. We will contact you shortly with a Return Authorization Number.
5. When you ship the returns, please put the RA# on the outside of the box or it will be *refused*.
6. Ship to: Vickers AV 329 Freys Gin Road Marietta GA 30067

COMPANY CONTACT INFORMATION

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

PRODUCT RETURN DESCRIPTION

MODEL #	SERIAL #	PROBLEM	REPLACE OR CREDIT

If the product is not defective, the non-defective product will be shipped to your company, freight collect and you will be charged the following applicable bench-test charges:

- HEAD UNIT (\$20.00) IN-DASH VIDEO (\$25.00) TV MONITOR (\$25.00)
- SUBWOOFER (\$25.00) AMPLIFIER/RECEIVER (\$25.00) SPEAKERS (\$20.00)
- REMOTE CONTROL (\$25.00) HID LIGHT (\$25.00)

THE RA# ISSUED EXPIRES AFTER 30 DAYS