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Request Date:

dB COM™ COMMUNICATION PRODUCTS RMA REQUEST FORM

Custom Protect Ear, <u>Unit 681 – 7789 - 134th St., Surrey, BC, V3W 9E9 Canada</u> Phone: (604) 599-1311, 1-800-520-0220 <u>E-MAIL: warranty@protectear.com.</u> WE REQUIRE A COPY OF ALL THE INVOICES FOR PRODUCTS BEING RETURNED. RETURN THE ITEMS SECURELY TO CUSTOM PROTECT EAR WITH A COPY OF THIS FORM. ITEMS RETURNED MUST BE IN NEW CONDITION AND WITHIN 60 DAYS OF BEING RECEIVED NAME: **INVOICE #** SALES ORDER # __ SERIAL No.: DATE OF BIRTH: ITEM# **EMPLOYER: QUANTITY** TYPE PHONE: SALES REP. CONTACT: SHIP TO ADDRESS: ☐ EMPLOYER ☐ CUSTOMER ☐ REP. PLEASE NOTE: RETURN WILL BE VOID IF THE PARTS HAVE BEEN USED, ALTERED OR HAVE SIGNS OF WEAR AND IMPROPER HANDLING. ITEMS SHOULD BE RETURNED WITHIN 30 DAYS OF BEING RECEIVED. A 15% RESTOCKING AND HANDLING FEE WILL BE APPLIED PLEASE IDENTIFY THE FOLLOWING: DATE OF PURCHASE: PLEASE SELECT A REASON FOR THE RETURN: ☐ INCORRECT PRODUCT ORDERED ☐ DUPLICATE ORDER SENT □ INCORRECT PRODUCT SENT □ ORDERED TOO MANY ☐ ITEM NOT ORDERED □ PRODUCT NOT SUITABLE ☐ OTHER (please explain) ____ ☐ EXCHANGE FOR ITEM: _ Comments: RMA# ORIGINAL DATE: DISPOSITION: □ REPLACE ELECTRONICS



REVIEW DATE:

REVIEWED BY:

POSTED: NEW S/O #:

DATE RECEIVED:



SHIPPED:

☐ RETURN TO STOCK

□ OTHER: _____