



SECURITECH INTERNATIONAL, INC.

Return Authorization Form

Company Name: _____ Requested by: _____ Date: _____

Phone #: _____ Email: _____ Customer Reference #: _____

Shipping Address: _____

Ship Via: UPS Ground RED*
**additional charges will apply* BLUE*
 3-DAY*

For Securitech Use Only:
RMA # _____
PO # _____

This is a request for a Return Repair Advance Replacement

Manufacturer	Model/Part No.	Serial #	Qty	Problem

Date item(s) were returned to Securitech or Factory: _____ **Tracking number:** _____

Customer MUST initial below to certify that they understand and agree to the following terms:

- _____ I understand that if I do not return the item(s) specified above within 10 days of this notice that I will be BILLED IN FULL for advance replacement parts.
- _____ I understand that I am responsible for paying one-way freight for any item that is under warranty.
- _____ I understand that I am responsible for paying freight BOTH WAYS for any item that is OUT OF WARRANTY or REPAIRED.
- _____ I understand that if it is determined by the factory that the item(s) specified above is out of warranty or the damage incurred is not covered by the warranty I will be BILLED IN FULL for either the cost of the repair or the advance replacement part.
- _____ I understand that all returns are subject to a restocking fee (amount varies based on manufacturer).

Some manufacturers require you to obtain a ticket number prior to requesting a return goods authorization. Please contact a Securitech Technician for specific requirements before submitting this form. You must provide the name of the manufacturer technician you speak to as well as the ticket number.

Mfg Technician: _____ Mfg Ticket #: _____ Securitech Technician: _____