

4540 Campus Dr. Suite 106
Newport Beach CA 92660
Tel :949.252.5354 Fax :949.252.8717
WWW.SECUCITY.COM

REQUEST FOR RETURN AUTHORIZATION

Request is for: **NON-Warranty Repair** **Warranty Repair*** **Warranty Replacement*** **Credit***

Company name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Cell/Pager: (____) _____

SecuCity Customer Number: _____ SecuCity Sales Person: _____

***ALL requests will be treated as NON-Warranty repairs unless a copy of the original invoice is provided at the time of request**

Model: _____ Serial Number: _____ Date Purchased*: _____ Invoice Number*: _____

**DETAILED Description of Problem of Defect: _____

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**DETAILED Description of Problem of Defect: _____

Model: _____ Serial Number: _____ Date Purchased*: _____ Invoice Number*: _____

**DETAILED Description of Problem of Defect: _____

****Please Describe in DETAIL the Reason for Requesting an RA. Be Specific in Stating the Product Defect Or Failure. Use a Separate Sheet if Necessary. (Note: A description of "D.O.A." is not acceptable**

Please read these important aspects of our Return Merchandise Policy & Procedure:

- All return require a Valid RA#. RA#'s are only valid for 15 days from the date of issue. Unauthorized returns will not be Accepted and will be shipped back at customers expense.
- RA requests are required in WRITING Verbal requests are not permitted.
- Credit will only be issued on merchandise that is returned IN NEW CONDITION within 30 days of purchase.
- ALL requests will be treated as NON-Warranty repairs unless a copy of the original invoice is provided at the time of request.
- Customer authorization of estimate is required before any Non-Warranty repair work will be performed.
- Customer is to make shipping or pick up arrangements within 7 days of notification that repair is complete.

Name: _____ Title: _____ Signature: _____ Date: _____

PLEASE FAX THIS COMPLETED FORM TO (949)252-8717

FOR SECUCITY.COM USE ONLY! Your Authorized RA# will be Faxed Back

Customer RA# _____ Given by: _____ Date: _____

- Please repackage items to be returned and clearly mark RA# on outside of shipping carton.
- please ship to: SecuCity.com. 4540 Campus Dr. #106 Newport Beach CA 92660 ATTN: Repair Dept RA# _____