



RETURN MERCHANDISE AUTHORIZATION

2220 STICKNEY POINT ROAD
UNIT 537
SARASOTA, FL. 34231
(941) 753-5131
OFFICE@PERMITBOXCOMPANY.COM

RMA# _____

DATE: _____

THIS FORM WILL INITIATE YOUR REQUEST FOR THE RETURN OF THE PRODUCT TO PERMIT BOX COMPANY.

REPLACEMENT/RETURN POLICY (PLEASE REFER TO OUR TERMS OF SERVICE)

PRODUCTS PURCHASED THROUGH PERMIT BOX COMPANY (SEE TERMS OF SERVICE POLICY) MAY BE RETURNED OR REPLACED BY FOLLOWING THESE STEPS:

- I. FILL OUT THE RETURN MERCHANDISE AUTHORIZATION (RMA) FORM IN ITS ENTIRETY. **RMA# MUST BE OBTAINED PRIOR TO SHIPPING. INCOMPLETE RMA FORMS WILL BE REFUSED.**
- II. PLACE SIGNED RMA FORM AND A COPY OF THE PURCHASE ORDER IN THE ORIGINAL SHIPPING BOX WITH THE ITEM(S) BEING RETURNED (**RETURN AUTHORIZED ITEM(S) ONLY**).
- III. **RETURNS MUST BE MADE WITHIN 30 DAYS OF PURCHASE.**
- IV. CLEARLY PRINT THE RMA# ON THE OUTSIDE OF THE SHIPPING PACKAGE AND SHIP TO:
 RMA# _____
 LAUBACH COMPANIES
 C/O PERMIT BOX COMPANY
 2701 RECTOR ROAD
 PARAGOULD, AR 72450
- V. ONCE RETURNED, OUR REPLACEMENT DEPARTMENT WILL PROCESS YOUR REQUEST.

NOTE: THE ABOVE STEPS MUST BE FOLLOWED COMPLETELY TO ENSURE REPLACEMENT OR CREDIT TO YOUR ACCOUNT. **ALL CUSTOM ORDERS ARE FINAL AND NON-REFUNDABLE!**

COMPANY INFORMATION

COMPANY: _____ CONTACT: _____

TELEPHONE #: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

QUANTITY:	SKU#	ORDER#	DESCRIPTION:	REASON FOR RETURN:

CUSTOMER SIGNATURE: _____ DATE: _____