



Optimum Security

Return Request Form

RMA#

Part # _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

All items returned will be exchanged unless otherwise noted. All returned products are subject to inspection. Any items returned for credit consideration must be in its original packaging, complete with all contents in new sellable condition and current model year product. Stealth Security reserves the right to refuse any or all items that are improperly packaged, incomplete, or purchased more than 30 days prior. Products purchased from sources other than Stealth Security are not eligible for return or credit. All items returned must have a RMA# or will be refused and returned.

Part Number	Qty	Reason for Return / Description of Defect	Inv. / Date	Purchase Price	Approved Yes / No	R C

BEFORE RMA# CAN BE ISSUED, YOU MUST READ AND AGREE TO THE FOLLOWING:

1. Form is complete and invoices provided for items being returned for credit.
2. Receipts provided for all items requiring proof of purchase.
3. Only approved items are shipped in RMA#.
4. Products sent in without an RMA# will result in refusal and returned to you freight collect.
5. Detailed description of problem is required to expedite your RMA# request.
6. Ship returns to: Warranty S.O.S. 730 North Hamilton Street, Saint Croix Falls, Wi. 54024

Returns must be received within 30 days from issue date or RMA will be automatically voided and shipment will be refused. On your return shipment clearly mark this RMA# on the outside of the box and include a copy of the RMA#, or the package WILL BE REFUSED.

Authorized Dealer Signature

_____/_____/_____
Date

*** Allow 48hrs for RMA# to be issued. We will email or fax this form with RMA# when approved***