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 www.uniqueconceptsusa.com

For Company Use Only:
Date Issued: _____
Amount Approved: _____

RMA REQUEST FORM

Please fill out this form as complete and clearly as possible.

Customer Name: _____ **Invoice #** _____

Address: _____

City, State and Zip Code: _____

Phone Number: (____) _____ - _____ **Fax Number:** (____) _____ - _____

Email Address: _____

I would prefer a (please mark):

_____ Refund to Credit Card / PayPal
 _____ Exchange

Item Code	Description	Quantity	Reason for Return:

Returns within 10 days of purchase must be pre-authorized by contacting Unique Concepts and are only acceptable when in NEW resalable condition with original contents, packaging, and boxes unmarked. A 30% restocking fee will be applied based on the items purchased price and reason for return. Items that have been previously installed, painted, or custom made-to-order are *non-returnable*.

Signature _____ Date _____