



RETURN AUTHORIZATION FORM

RA#: _____ (assigned by Special Projects Audio service personnel)
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Phone: _____ Fax: _____ E-Mail: _____
Model #: _____ Dealer Acct # (if applicable): _____

PRODUCT INFORMATION

Model # / Serial # _____
Is the product under warranty? Y N *If yes, dated sales receipt is required* Date of Purchase: _____
Any repairs received without proof of purchase will be handled as "Non-Warranty"
Detailed description of problem:

PAYMENT METHOD (payment method must be provided with repair) Visa MasterCard Discover American Express

Card No: _____ Exp Date: _____
Name as it appears on card: _____ CVC Code on back of card _____

You may also submit your credit card information via phone, toll free 866-491-2677.

RETURN SHIPMENT INFORMATION

(all repairs are returned UPS or Fed Ex Ground unless otherwise specified at which time, additional shipping charges will apply)

Return Shipping Address: (Must be physical address, cannot deliver to P.O. box)
Attn: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____

I acknowledge that Special Projects Audio is in no way responsible for lost or damaged merchandise due to shipping. I understand that the only work authorized on the merchandise is that which is stated on this form.

I understand that items abandoned 45 days after repair notification will be liquidated to recover repair cost.

Signature _____ Print Name _____ Date _____

Please fill in applicable sections and ship this page with merchandise to be returned.

**Ansr Audio / Special Projects – Service Department
3800 HWY 271 North
Powderly, Texas 75473
866-491-2677**