



# Request For Return Authorization Form

4720 W. Montrose Ave  
Chicago, IL 60641  
Phone: 773-286-8989  
Fax: 773-286-8999  
[www.gnsdvr.com](http://www.gnsdvr.com)

\* Subject to Restocking Fee

Company Information			
Company Name:		Contact Name:	Date:
Phone:	Fax:	Email:	
Address:		City, State, Zip	
Request is for:          Non-Warranty Repair          Warranty Repair*			

\* All requests will be treated as Non-Warranty repairs unless a copy of the original invoice is provided

Product Information			
Model:	Serial #:	Date Purchased:	Invoice #:
Detailed Description of Problem:			
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Detailed Description of Problem:			
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Detailed Description of Problem:			

Policy and Procedure	
<b>Please read these guidelines on our Return Merchandise Authorization Policy &amp; Procedure:</b>	
<ul style="list-style-type: none"> <li>▶ All returns require a valid RMA #. RMA #'s are valid for 15 days from the date of issue.</li> <li>▶ Items returned without a valid RMA # will not be accepted.</li> <li>▶ Shipping charges are the responsibility of the Dealer. No call tags will be issued.</li> <li>▶ Customer authorization of estimate is required before any Non-Warranty repair work is performed.</li> </ul>	
Name:	Signature:

**PLEASE FAX THIS COMPLETED FORM TO 773-286-8999**