

RETURN MERCHANDISE AUTHORIZATION FORM

CUSTOMER INFORMATION	INSTRUCTIONS *
NAME: _____ COMPANY NAME: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: _____ FAX: _____ EMAIL ADDRESS: _____ ORDER ID #: _____ ORDER DATE: _____ RMA #: _____ RMA # DATE: _____ DESCRIPTION OF PROBLEM: _____	<p>1) Login into your 'My Account' at www.dehaus.biz, under 'Manage My Account', select and process a 'Return Request'. This will be required prior to filling out this form.</p> <p>2) Once your request has been 'Approved', you will be issued a RMA #. Fill out this form completely.</p> <p>3) All returns must include the following:</p> <ul style="list-style-type: none"> • Completed RMA Form (place inside return packaging), • Item being Returned/ Exchanged in original packaging with all associated materials, • RMA # clearly marked on outside of return packaging. <p>4) Ship the Merchandise to the following Address:</p> <p style="text-align: center;">DeHaus, Inc. Attn: Customer Service- RMA 1800 Kutzke Rd., Suite 111 Portage, WI 53901</p>
<p>* Note: DeHaus, Inc. reserves the right to verify return product information before issuing a return credit or product replacement, regardless of any confirmation receipt sent by the customer. When returning products, we strongly recommend use of a carrier which can track packages and calculate correct postage, as we do not accept any returned packages with postage due. DeHaus, Inc. will not be responsible any damage that may occur during shipment to the items you are returning. Unless we made an error in order processing or shipping, return shipping fees will apply. Please Contact us should have any questions.</p>	
REASON FOR RETURN/ EXCHANGE (CHECK ALL THAT APPLY)	
<p>1. <input type="checkbox"/> 30 DAY SATISFACTION GUARANTEE (20% Restocking Fee Applies)</p> <p>2. <input type="checkbox"/> RECEIVED INCORRECT PRODUCT Please Explain: _____</p> <p>3. <input type="checkbox"/> RECEIVED DAMAGED SHIPMENT Please File Claim with Carrier and Enter Claim Number Here: _____</p> <p>4. <input type="checkbox"/> RECEIVED DEFECTIVE PRODUCT Please Explain: _____</p>	
WHAT WOULD YOU LIKE US TO DO? (CHECK ONLY ONE)	
<p><input type="checkbox"/> EXCHANGE OR REPLACE ITEM (Shipping Charges May Apply)</p> <p><input type="checkbox"/> ISSUE STORE CREDIT (Less Shipping & Restocking Fee If Applicable)</p> <p><input type="checkbox"/> ISSUE A REFUND (Less Shipping & Restocking Fee If Applicable)</p>	

CUSTOMER SIGNATURE

PRINT NAME

DATE