



**KWA PERFORMANCE INDUSTRIES, INC.
RETURN MERCHANDISE AUTHORIZATION
(RMA) DEALER FORM**

Dealer's Name: _____ Contact Name: _____

E-Mail Address: _____ Contact No.: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Total Number of Products Returned: _____ Issued Date: _____

PRODUCT No.: 1

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

Sold Item

Under Warranty (Proof of Purchase Included)

Unsold Item

Out of Warranty

Purchase Date: _____

PRODUCT No.: 2

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

Sold Item

Under Warranty (Proof of Purchase Included)

Unsold Item

Out of Warranty

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sold Item | <input type="checkbox"/> Under Warranty (Proof of Purchase Included) |
| <input type="checkbox"/> Unsold Item | <input type="checkbox"/> Out of Warranty |

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sold Item | <input type="checkbox"/> Under Warranty (Proof of Purchase Included) |
| <input type="checkbox"/> Unsold Item | <input type="checkbox"/> Out of Warranty |

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sold Item | <input type="checkbox"/> Under Warranty (Proof of Purchase Included) |
| <input type="checkbox"/> Unsold Item | <input type="checkbox"/> Out of Warranty |

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sold Item | <input type="checkbox"/> Under Warranty (Proof of Purchase Included) |
| <input type="checkbox"/> Unsold Item | <input type="checkbox"/> Out of Warranty |

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sold Item | <input type="checkbox"/> Under Warranty (Proof of Purchase Included) |
| <input type="checkbox"/> Unsold Item | <input type="checkbox"/> Out of Warranty |

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sold Item | <input type="checkbox"/> Under Warranty (Proof of Purchase Included) |
| <input type="checkbox"/> Unsold Item | <input type="checkbox"/> Out of Warranty |

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

Sold Item

Under Warranty (Proof of Purchase Included)

Unsold Item

Out of Warranty

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

Sold Item

Under Warranty (Proof of Purchase Included)

Unsold Item

Out of Warranty

Purchase Date: _____

PRODUCT No.: _____

Model: _____ RMA No.: _____

Serial No.: _____

Description of Problems:

Check List

Sold Item

Under Warranty (Proof of Purchase Included)

Unsold Item

Out of Warranty

Purchase Date: _____