



RMA FORM (For Bags Only)

Mail with Return to: Warranty Dept; 4901 Dwight Evans Rd Suite 134, Charlotte, NC 28217

Customer Info: _____

Phone: _____ **Email:** _____

Item (size/color): _____

Brief Description of Problem: _____

Date of Purchase: _____ **Repair or Credit Requested?**

Internal Use Only

Date Rec'd: _____ **Rec'd By:** _____

Tested By: _____ **Test Result:** _____

Repaired: _____ **Replaced:** _____ **Credit Issued:** _____

Notes: _____
