



## RETURN MERCHANDISE AUTHORIZATION FORM

**Quest Products, Inc.**  
2349 Jamestown Ave., Suite 4  
Independence, IA 50644  
Tel: 319.334.3412  
Fax: 319.334.3421  
[www.questproductsinc.com](http://www.questproductsinc.com)

<b>Customer Information</b>			
Name:		<b>Instructions*:</b>  1. <b>Contact Quest Products to request an RMA# prior to completing this RMA form</b> (email <a href="mailto:service@q3i.com">service@q3i.com</a> , call (319) 334-3412 option 2 or visit <a href="http://www.q3i.com/rma">www.q3i.com/rma</a> )  2. <b>Upon receipt of an RMA#, fill out this form completely</b> or use Q3's online RMA system at <a href="http://www.q3i.com/rma">www.q3i.com/rma</a> .  3. <b>All returns must include the following:</b> Completed RMA form, item in original packaging (if available), manufacturer documentation (manuals, warranty cards, registration information, etc....), and a detailed description of the problem with the product.  4. <b>Ship the merchandise to the following address:</b>  <b>Quest Products</b> <b>Attn: Customer Service</b> <b>2349 Jamestown Ave, Suite #4</b> <b>Independence, IA 50644</b>  <small>*Quest Products, Inc. (QPI) reserves the right to review all orders at which point we may accept or decline any order for any reason, regardless of any confirmation receipt sent by the customer. When returning products, we strongly recommend the use of a carrier that can track packages and calculate correct postage, as we do not accept any returned packages with postage due. QPI is not responsible for any damages incurred during shipping to the Service Center. You also assume responsibility for insuring the returned item. QPI retains ownership of all products until payment is received.</small>	
Company Name:			
Street:			
City:	State:		Zip:
Phone:	Fax:		
Email Address:			
Invoice Date:	Invoice #:		
Item(s) Purchased:			
Company Item(s) was Purchased From:			
RMA #:			
Description of Problem:			
<b>Reason For Return (Check All That Apply)</b>			
1. <input type="checkbox"/> 30 Day Satisfaction Guarantee (15% Restocking Fee Applies)			
2. <input type="checkbox"/> Received Wrong Product <i>Please Explain:</i>			
3. <input type="checkbox"/> Received Damaged Shipment <i>Please file a claim with carrier and enter claim number here:</i>			
4. <input type="checkbox"/> Defective Product. <i>Please Explain:</i>			
<b>NOTE: If you selected 1, 2 or 3 you must contact the company you purchased the item from.</b>			
<b>What Would You Like Us To Do?</b>			
<input type="checkbox"/> Repair or Replace with Item of Same Type Ordered.			
<input type="checkbox"/> Issue Credit (less shipping, and restocking fee if applicable)			
<input type="checkbox"/> Trade In (Exchange with Different Item.) Attach completed Trade-In Form			
Comments:			

CUSTOMER SIGNATURE

PRINT NAME

DATE