BIG 5 ELECTRONICS

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RA Form

Retail or Shop Name: _____ Date: _____

Address: _____

Contact Name: _____

Telephone #: _____ RMA #: _____

Fax #: _____

E-Mail: _____

Name Brand	Model #	Problem of the Product	*<<RA DEPT ONLY>>*

******ANY RETURNS WITHOUT AN AUTHORIZATION NUMBER WILL BE SENT BACK AND CHARGE FOR THE FREIGHT. THE RMA NUMBER MUST BE PRINTED LEGIBLY ON THE OUTSIDE OF THE BOX.******

BIG 5 ELECTRONICS INC.