

TeamSable Inc

OVN Replacement Request Form

Type: Reseller or End User
Name:
Today's Date:
DOA/RMA#
Sales order#
Sales Order Date:
Pre-Authorize Amount:
Credit Card #
Expiration;
Security Code:

Model:
Reason for Return:

I authorize TeamSable Inc to Pre-Authorize but not charge my Credit card above for the amount of _____ in exchange for the replacement unit to be shipped out to me in exchange for the defective unit. I will ship the RMA out no later than 1 day after receiving the replacement so TeamSable will receive the RMA within 10 days from today's date. If RMA not received within 10 days due to delayed shipping from me and not carrier related, I agree to have TeamSable bill me for delayed charge as agreed on.

Signature: