

Sylvester Electronics
 16 Dexter St
 Cumberland, RI 02864

Fax: 401-724-0469
 Voice: 401 725-1630

RMA Request Sheet - FAX to 401 724-0469

Dealer Name: _____	Date: _____
Address: _____	
Phone #: _____	Fax #: _____
Email Address: _____	Contact: _____

Qty	Model	Serial #	Date Purchased	Invoice #	Reason for Return
		Must be filled out complete			

Above informaiton must be filled out in full.

- a) Some Products may require retail customers receipt**
- b) Out of warranty items will be repaired with a charge**
- c) New product returned will have a 15% restocking charge (\$5.00 min per RMA / \$100.00 Max per item)**
- d) Items that do not test defective will be subject to a 25.00 Testing fee**