RETURN AUTHORIZATION REQUEST FORM

CUSTOMER SERVICE DEPT. TEL NUMBER: (909) 930-1377 / FAX NUMBER: (866)239-4399

Email: warranty@imagedynamicsusa.net ☐ CREDIT (Direct Accounts Only) ☐ EXCHANGE

Dealer: _____

Account No: _____ LEAVE BLANK FOR CONSUMER RETURN

Address: _____

_____

Contact Name: _____

Contact Phone Number: _____

Contact Fax Number / Email Address: _____

Date: _____ RA#: _____ Internal Use Only

REC	Model #	Serial #	Specific Description of Problem* *(*Failure to complete will mean denial of RA*)
☐			
☐			
☐			
☐			
☐			
☐			
☐			
☐			
☐			
☐			
☐			

Clear Form

ONCE AN RA# HAS BEEN ISSUED PLEASE RETURN ALL DEFECTIVE PRODUCTS TO:

Image Dynamics U.S.A., INC. – 2133 S. GREEN PRIVADO – ONTARIO, CA 91761

PLEASE WRITE THE RA# ON ALL ADDRESS LABELS AND EACH CARTON(S) PRIOR TO SHIPPING

Submit Form