

47StCloseouts.com

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RMA FORM

1. Please print and complete this RMA form.
2. Send this RMA form with your returned item(s) to the address above.

** required*

***First Name:** _____ **Last Name:** _____

***Phone:** _____

***Email:** _____

***Order/Invoice#** _____

***What would you like us to do (please check one):**

Exchange

Issue Credit (please complete the first and last 4 digits of credit card number used)

First 4 digits: _____ Last 4 digits: _____

***Returned item(s):**

Quantity	Description

Reason for return: _____

Special request: _____
