**Return of Materials Authorization**

**Type of Return:**

[ ]  Return for refund

[ ]  Exchange

[ ]  Inspection / Repair Service

[ ]  Modification

**Please enter your contact information:**

|  |  |
| --- | --- |
| **Name** | Enter your name (and ranting/rank if you like) |
| **Email Address** | Enter your .mil or .gov email address (Gov Quotes Cannot be sent to private accounts) |
| **Phone Number** | Please enter your unit phone number |
| **Unit/Command** | Please enter your unit/command here |
|  | Please enter your full billing address here (it will fit - trust us) |
| **Shipping Address** | If you want the gear shipped somewhere else, put that address here |
| **Shipping Contact** | Please enter the name (and email address if you have it) of the person receiving the order |

**Items being returned**

|  |  |  |
| --- | --- | --- |
| Part Number | Description | Quantity |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**If you need more space, please continue on the next page. When you are ready, save this form and email it to** **sales@lifesavingsystems.com**

|  |  |  |
| --- | --- | --- |
| Part Number | Description | Quantity |
|       |       |       |
|       |       |       |
|       |       |       |
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