RETURN MERCHANDISE AUTHORIZATION

RMA#: _____

Please contact us via e-mail (**service@sw-motech.us**) or by phone 503-744-MOTO (6686) to request your RMA #.

Name _____ Order number (Found on packing slip or receipt) _____

eMail _____ Phone _____

Returns will not be processed unless the RMA form is fully completed and included with your return.

Return shipping adress:

Attn: Returns
Fulfillment Center 15849 N Lombard St.
Ste 100
Portland OR 97203

Please return:

- Copy of invoice
- Fully completed RMA form

Instructions:

- Goods to be returned within 14 days of purchase
- The goods must be returned unused and in original packaging
- Please use the original packaging to prevent the product packaging from being damaged
- C.O.D. packages will not be accepted

Quantity	Part No.	Return reason*	Exchange/ Return
			☐ Exchange in: _____ ☐ Return (Refund of the product amount)
			☐ Exchange in: _____ ☐ Return (Refund of the product amount)
			☐ Exchange in: _____ ☐ Return (Refund of the product amount)
			☐ Exchange in: _____ ☐ Return (Refund of the product amount)
			☐ Exchange in: _____ ☐ Return (Refund of the product amount)

* **A** Wrong delivery **B** Wrong ordered **C** Does not fit **D** Defect/Damaged **E** Bad quality **F** Does not match the requirements **G** Other (Comment)

Comments: _____

Signature: _____