

RMA #

Don't forget: include proof of date of purchase--it is always required!

DATE:

Return Merchandise Authorization Form



Ship returns to:

Gale Corporation
1220 Melody Lane Suite 155
Roseville, CA 95678

PHONE 888-566-5728
FAX 877-338-1781



For warranty service directly from Gale Corporation please follow these steps:

Before mailing, perform preventive checklist:

1. Test tool with new battery.
2. Make sure battery is inserted correctly.

Instructions: Fill out this form and mail with your tool and **proof of date of purchase.** (Ship only the tool; do NOT include carrying case.)

Within 48 hours, we will evaluate your return request and contact you. If under warranty and found defective, we will promptly repair or replace the tool and ship it back to you.

Note: If item found inoperable based on any preventive checklist items above or mailed without proof of purchase, item will be shipped back at owner's expense.

CUSTOMER INFORMATION

Company:		Contact Name:	
Street:		Title:	
City, State, Zip:		Phone:	
E-Mail:		Fax:	

QUANTITY RETURNED	
Pocket Toner® 1	
Pocket Toner® 2	
Pocket Toner® 6	
Other (specify)	

SPECIFIC DESCRIPTION OF THE PROBLEM

FOR OFFICE USE ONLY

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All returns must include receipt (or other proof of purchase date)