



# RETURN MERCHANDISE AUTHORIZATION FORM

DATE

COMPANY NAME

CONTACT NAME

ADDRESS

CITY  STATE  ZIP

PHONE NUMBER

EMAIL ADDRESS

MATERIAL INFORMATION:

QTY	ITEM (DESCRIPTION)	SERIAL NUMBER	REASON FOR RETURN

*\*\*PLEASE RETURN THE COMPLETED FORM VIA EMAIL TO [support@hyperlinkinc.com](mailto:support@hyperlinkinc.com)*

OFFICE USE ONLY					
DATE RECEIVED	<input type="text"/>	RECEIVED BY	<input type="text"/>	RMA NUMBER	<input type="text"/>