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| OFFICE USE ONLY | | | |
|------------------|---------------|--|--|
| Received By: | —— INSPECTION | | |
| Date Received: | REPAIR | | |
| Authorized By: | | | |
| Date Authorized: | RE-STOCK | | |

Return Merchandise Authorization (RMA)

| Store Name / C | cust. ID: | | Contact: | |
|--|------------------------|--|--|---------------------------|
| Address: | | | | |
| Геl: () | Fax | x: () | Invoice #: | |
| Email: | | | Invoice Da | ite: |
| CLAIM INFOR | MATION: | | | |
| Pcs / Box | Product Description | Reaso | on for Return | Service Request |
| | | | | |
| 1 | | 7 | | |
| Side Pillow Arm Seat Cushion Front | Inside Back Outside Ba | Seat Frame/Cushion Back Pillow Chair Front Leg (RSF) Outside Arm Leg Front Stretcher | Back Frame Side Stretche Chair Front Leg (LSF) | |
| ole Extension | Table Top | Side Molding / Panel | Head Board Sid | e Rail (RSF) Center Beam |

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the goods. Proof of purchase (copy of the invoice) is required in order to provide any service. We reserve the rights to examine and inspect all defective or damaged goods before issuing credit, replacing or repairing the goods (at our option). We reserve the rights to refuse or deny service if at the time of inspection the goods were found to be 1) in an unsanitary condition (for health concern), 2) had prior unauthorized repairs done, or 3) sustained damages not caused by manufacturing defect or shipment. Assembled goods are not eligible for replacement or credit. Failure to give notice will revoke acceptance of claims made thereafter. No cash refunds. The RMA is valid only for items originally listed in the request form. The items are inspected and tested only for the problems listed, so please describe the problem clearly. Please be sure to return the goods in the ORIGINAL PACKAGING with all packaging materials. Any items returned incomplete or defaced will not be given credit. All returned shipments must be freight prepaid by the customer. All claims for merchandise damaged in transit must be made through the freight carrier. Attach a copy of the RMA to the outside of the package. Packages without the RMA attached will be refused. Once you have fully read, understood, and agree with the policy above, please sign below:

| Customer Signature: | | Date: |
|---------------------|--|-------|
|---------------------|--|-------|