

## Return Merchandise Authorization Form

Please type or print clearly. Complete all fields and enclose with your return.

**Name:**

---

**Date:**

---

**Address:**

---

**Original Invoice #:**

---

**City:**

---

**State:**

**ZIP:**

---

**Telephone:**

---

**Facsimile:**

---

**Email address:**

---

**Product Number:**

---

**Quantity:**

---

**Reason for return:**

---

---

---

---

**Request replacement product:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**RMA #:**

---

Please include credit card information used for your initial order, if you are requesting a refund.

**Name on card:**

---

**Type of card:**

---

**Credit card account number:**

---

**Exp. Date:**

---

**Ship to:**

**Affordable Toner  
4565 Industrial Street Suite 7J  
Simi Valley, CA 93063**

Phone: 866-303-5546

Fax: 805-520-3505