

RETURN MERCHANDISE AUTHORIZATION (RMA)

Email alterations@survivalarmor.com to receive a RMA number and instructions. A copy of the completed RMA form must accompany the product that needs to be altered. The RMA number must be written on outside of box to be properly received in.

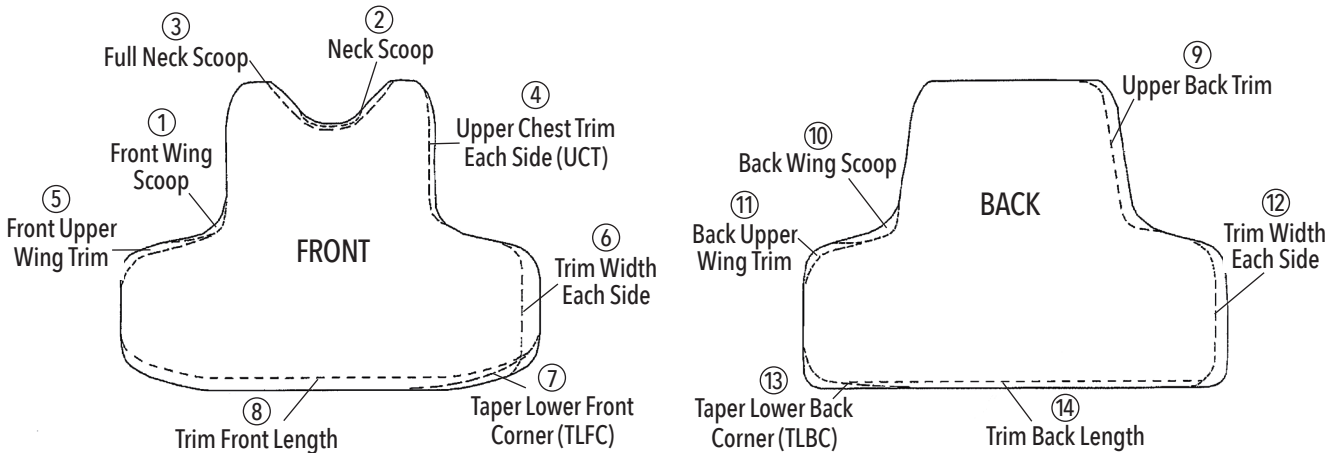
Dealer purchased from: _____

Officer Name/Dept.: _____

Original PO #: _____ RMA #: _____ Serial #: _____

Return address for Altered Vest: _____

All products and accessories purchased should be returned for alteration



Please indicate amount to be trimmed beside correlating number.

1. _____	8. _____
2. _____	9. _____
3. _____	10. _____
4. _____	11. _____
5. _____	12. _____
6. _____	13. _____
7. _____	14. _____

By signing below customer agrees to a \$85 alteration fee for trimming panels after 30 days from purchase. Additional cost may incur. Our alteration department will advise prior to RMA issued.

Customer Signature: _____ Date: _____