

# Return Merchandise Authorization Form



Email form to: support01@silentbeacon.com  
 Attention: Silent Beacon Support Team  
 Phone: (301) 715 - 8870  
 www.silentbeacon.com

RMA Steps: 1. Fill out this form completely 2. Prepare a copy of the sales invoice(s) for defective good(s) 3. Email or fax per above

**For Office Use Only**

Company Name: Silent Beacon LLC	
RMA Number:	Ship To Address: 9200 Corporate Blvd Suite 250
Date RMA Issued:	City: Rockville State: MD Zip Code: 20850
Processed By:	Requested By:
Item Returned: Yes / No	Email:
Date Received:	<b>Phone Number linked to Silent Beacon App and Device:</b>

Quantity	Item Number	Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?

Return Reason Codes	Comments / Special Instructions
Record appropriate number in the "Reason Code" column above.  1. Wrong quantity received 2. Wrong merchandise received 3. Damaged in shipping 4. Duplicate order 5. Product defective 6. Customer not satisfied 7. Incorrect item ordered 8. Incorrect quantity ordered 9. Other	

If items need to be returned, please ship to the address below <b>after</b> receiving an RMA number :  <p style="text-align: center;">Silent Beacon LLC                  9200 Corporate Blvd Suite 250                  support01@silentbeacon.com                  (301) 715 8870</p>	<b>For Office Use Only</b>
	Credit Issued: Yes / No
	Credit Amount:
	Transaction Number:
	Date Issued:
	Issued By:
Comments:	