### Return Merchandise Authorization Form

**For Office Use Only**
- **Company Name:** Silent Beacon LLC

**RMA Number:**
- **Ship To Address:** 9200 Corporate Blvd Suite 250
- **City:** Rockville
- **State:** MD
- **Zip Code:** 20850

**Date RMA Issued:**
- **Requested By:**

**Processed By:**
- **Requested By:**
- **Item Returned:** Yes / No
- **Email:**

**Comments / Special Instructions**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item Number</th>
<th>Description</th>
<th>PO Number</th>
<th>Serial Number (if applicable)</th>
<th>Reason Code</th>
<th>Credit, Replace or Repair?</th>
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**Return Reason Codes**
- 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 after receiving an RMA number:

Silent Beacon LLC
9200 Corporate Blvd Suite 250
Rockville MD 20850
support01@silentbeacon.com
(301) 715 8870

**For Office Use Only**

- **Credit Issued:** Yes / No
- **Credit Amount:**
- **Transaction Number:**
- **Date Issued:**
- **Issued By:**
- **Comments:**

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