



www.kinetikaudio.com

*Kinetik*

**Tel: 888.522.8346**

**Fax: 419.476.8510**

**email: ra@kinetikaudio.com**

## RETURN AUTHORIZATION REQUEST FORM

### 1 **CHECK ONE!**

**RA for EXCHANGE**

**RA for CREDIT\***

\*You may only choose RA for CREDIT if you purchased your product directly from Kinetik. All non-direct customers must choose RA for EXCHANGE. All RA for CREDIT will be issued at current market pricing, or the amount last paid.

### 2

**Full Name / Company**

**Street Address**

**City**

**State**

**ZIP Code**

**Daytime Phone**

**Fax Number**

**Email Address**

### 3

**Model #**

**Qty**

**Reason for Return**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

### 4

**YOU MUST FAX OR EMAIL COMPLETED FORM TO RECEIVE AN RA NUMBER.  
DO NOT SHIP BACK YOUR RETURN UNTIL YOU RECEIVE AN RA NUMBER!**