



**RETURN AUTHORIZATION FORM**

Shipping: Returns Department  
 6100 N. 10<sup>th</sup> St. Suite F  
 McAllen, TX 78504  
 (956) 627-2627

**CUSTOMER SATISFACTION STATEMENT**

We are committed to offering only the best products and services to our customers. If for any reason you are not satisfied with your purchase, simply return it in the original packaging with your receipt within 30 days. The product must be in NEW condition to qualify for repair or replacement. If the item was a special order, a closeout or has been altered or customized, you will incur a restocking fee or it may not be eligible for return. All items returned must have a Return Authorization number or a completed Item Return Form. To obtain an RA Number, please contact customer service (956) 627-2625.

**RETURN AND EXCHANGE PROCEDURE**

1. Enclose this form with merchandise explaining action desired.
2. **Mark outside of box with Return Authorization number.**
3. Please use the provided, pre-addressed, cut-out label to ship your return package.
4. Fill out this form completely to prevent delays on your return.

|                              |  |                       |     |
|------------------------------|--|-----------------------|-----|
| Name                         |  |                       |     |
| Address                      |  |                       |     |
| City                         |  | State                 | Zip |
| Phone Number                 |  | Email                 |     |
| Invoice Number               |  | Purchase Order Number |     |
| Return Authorization # (RA#) |  |                       |     |

| Returned Merchandise |            |      |                   |       |
|----------------------|------------|------|-------------------|-------|
| Item#                | Color/Size | Qty. | Reason for Return | Price |
|                      |            |      |                   |       |
|                      |            |      |                   |       |
|                      |            |      |                   |       |
| Refund Total         |            |      |                   |       |

**ACTION REQUESTED**

**Exchange**    
  **Repair**    
  **Credit**    
  **Replace**    
  **Refund (to original pymt method)**

| Complete this section for Exchanges |            |      |                   |              |
|-------------------------------------|------------|------|-------------------|--------------|
| Item#                               | Color/Size | Qty. | Reason for Return | Price (Each) |
|                                     |            |      |                   |              |
|                                     |            |      |                   |              |
|                                     |            |      |                   |              |
| Total for New Merchandise Total     |            |      |                   |              |
| Less Refund                         |            |      |                   |              |
| New Total                           |            |      |                   |              |

Fill out, Cut Out & Adhere to package:

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To:

**RIDS**

Resilient Defense Systems  
Returns Department  
6100 N. 10<sup>th</sup> St. Suite F  
McAllen, TX 78504