



RMA DEPARTMENT

2202 Santa Anita Ave.
South El Monte ,CA 91733

TEL: 1-626-780-4983
return@bedoxinc.com

RMA REQUEST FORM

- IMPORTANT RMA PROCEDURES**
1. Complete this RMA form with a description of the problem(s) with your product.
 2. Email this completed RMA form to return@bedoxinc.com . A copy of the original purchase invoice may be requested.
 3. If requested, all returning product(s) must match with its original invoice description.
 4. A RMA Department Representative will e-mail you either a RMA number, or a reason for RMA denial.
 5. Ship your defective product(s) to BEDOX, INC. Only after you receive a RMA number.
 6. This RMA process is for replacement/repair of defective BEDOX, INC. products only.
 7. Your RMA number is valid from the date of issue, and not to exceed beyond the warranty period.
 8. Please include/print your RMA **REQUEST FORM** along with the **ASSIGNED RMA number** into your shipping box.
 9. Shipping cost to BEDOX, Inc. will be spend by you and will not be refunded.
 10. Ship returns to RMA Department

<p><u>Complete this form and Mail it to</u> <u>return@bedoxinc.com</u></p>	
Name/User ID : _____ Order # _____	<u>FOR BEDOX, INC. USE ONLY</u>
Address : _____	RMA # _____
City : _____ State : _____ Zip : _____	ISSUE DATE : _____
Phone : _____	TOTAL PIECES : _____
Contact Person _____	Action: _____
E-mail _____	

QTY	ITEM NUMBER	Product Name	INVOICE # and DATE	Describe Detail Issues OR Reason For Your Return
_____	_____	_____ _____	# : _____ Date : _____	_____