## **RETURN MERCHANDISE AUTHORIZATION FORM**

RMA#



Please contact Exarchy Holster Co. customer service prior to completing this form and sending your return to us. You will need an RMA number to input on the form, below. Include this form in your returned package.

HOLST Parker	را ر	Mail To:	ATTN: Ret	urns RMA # (Please y Express Dr. #292		‡ provided)	
Please check one l	box:	Exchange Pro	oduct	Repair Prod	duct	Refund	
NAME:							
ADDRESS:							
ADDRESS LINE 2:							
СІТҮ:			STATE	:	ZIP:		
PHONE:							
EMAIL:							
ORDER #:							
ITEM QUANTITY:							
ITEM DESCRIPTION:							
REASON FOR EXCHANGE, REPAIR, or REFUND:							
PAYMENT/REFUND INFO:	Cas	sh (Do Not Mail)		Check in packa	ge	Call for info	

Items sent back for repair will be repaired or replaced at our discretion. Holsters that require replacement will be replaced with the current equivalent model. We cannot return items that have been replaced under our limited LIFETIME warranty. Custom products may not fall within our limited LIFETIME warranty for replacement. Please contact customer service if you wish to discuss warranty on custom products.