Return Merchandise Authorization Request

DynaLock™ For Life℠

Date _____

Name _____

Company _____

Street _____

City _____ State/Zip _____

Phone ( ) _____ Fax ( ) _____

Email _____

❒ **Sign us up for DynaLock's email newsletter.**

Please list product(s) and briefly explain the problem:

Action Requested: ❒ Repair/Replace ❒ Credit

* Final RMA disposition will be determined upon receipt and inspection of goods by DynaLock Corp.

PLEASE FAX THIS FORM TO: (860) 585-0338

705 Emmett Street • P.O. Box 2728 • Bristol, CT • 06011-2728

E-mail: RMA@DYNALOCK.COM Website: WWW.DYNALOCK.COM