

# 47StCloseouts.com

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## RMA FORM

1. Please print and complete this RMA form.
2. Send this RMA form with your returned item(s) to the address above.

*\* required*

**\*First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**\*Phone:** \_\_\_\_\_

**\*Email:** \_\_\_\_\_

**\*Order/Invoice#** \_\_\_\_\_

**\*What would you like us to do (please check one):**

Exchange

Issue Credit (please complete the first and last 4 digits of credit card number used)

First 4 digits: \_\_\_\_\_ Last 4 digits: \_\_\_\_\_

**\*Returned item(s):**

Quantity	Description

**Reason for return:** \_\_\_\_\_

**Special request:** \_\_\_\_\_

\_\_\_\_\_