



5500 Bolsa Ave, #200 Huntington Beach, CA 92649  
 Phone: 800-755-2488 x224 Email: sales@chutedr.com

## RETURN MERCHANDISE AUTHORIZATION REQUEST

### RETURN POLICY

All pre-approved returns must have the RMA # printed on the outside of the package or it will be returned to you.

No credit will be authorized on the following claims:

- Parts purchased over 30 days ago
- Special order parts
- Returns without proper authorization
- Non-Chute Doctor items – products manufactured by others
- Damaged Parts

Credit/exchange will be issued upon The Chute Doctor inspection & approval. Customer is responsible for return shipping. Please return item(s) with RMA number marked on the outside of the box to the address listed below:

**The Chute Doctor: Returns Department**  
**1016 E. Edna Place Covina, CA 91724**

All returned products are subject to inspection. Products damaged through neglect due to improper packaging or in shipment (*this includes merchandise that was received & assumed defective by the customer*), will void the warranty & will be returned to you non-repaired at your expense. **RMA is valid for 30 days ONLY after the date issued.**

### INSTRUCTIONS

Please complete this form and email it to us at sales@chutedr.com. Upon review and approval, you will be notified by our Customer Service Department of the appropriate action.

1. For warranty & defective items – pack the item(s) securely in the original product packaging, if possible. Place a copy of the RMA form & a copy of the original invoice in the box with the item(s) you are returning. Be sure to write the RMA # on the outside of the box.
2. All returns may be subject to a 25% restocking fee. Pack the item(s) securely in the original product packaging, if possible. All products must be returned in their original condition, to ensure credit. Items returned must be accompanied by the original packaging, parts, pieces, accessories, manuals or other printed materials in order to be eligible for a refund.

To Be Completed by The Chute Doctor	
RMA #	
Date Issued	

To Be Completed by Customer			
Order #	Company		
Address			
City	State	Zip	
Phone	Email		
Qty	Part Number	Details of Claim	

FOR CHUTE DOCTOR INTERNAL USE ONLY:		
Return to stock; Charge 25% restocking fee \$ <input type="checkbox"/>	CM# Issued	Date
Waived restock fee. <input type="checkbox"/>	Item Scrapped	Date
<b>Total Refunded</b> \$		

**THANK YOU**  
 The Chute Doctor