

Sylvester Electronics
16 Dexter St
Cumberland, RI 02864

RMA Request Form

Fax: 401 724-0469
Voice: 401 725-1630
Email: RMA@SYLVES.COM

Store Name: _____
Address: _____
Phone#: _____
Email Address: _____

Account# : _____
Date of Request: _____
Fax#: _____
Contact Name: _____

Brand _____
Model _____
Qty _____

Date Purchased : _____
Invoice Number : _____
Serial #: _____

Reason For Return Request

- Received Wrong Part - New
- No Longer Need - New
- Defective (*Description Required*)

Part of an Advanced RMA Return
*If you already purchased a replacement unit
and you want credit on this defect you
MUST provide the invoice number.*

*You are required to email or fax in a copy of the
retail customers receipt for all items purchased
more than 6 months ago before you get an
RMA number*

Desired Action

- Credit Repair Replace

Additional Info

Brand _____
Model _____
Qty _____

Date Purchased : _____
Invoice Number : _____
Serial #: _____

Reason For Return Request

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Additional Info

- ALL ITEMS RETURNED FOR CREDIT MUST BE COMPLETE WITH ALL ORIGINAL PACKAGING. New and Defective Items for Credit Receive a 10% to 25% Restocking Fee (5.00 Min Per RMA / \$100 Max per item) We reserve the right to refuse issuing credit on any given item purchased more than 30 Days Prior.
- NON COMPLETE CURRENT MODEL ITEMS RETURNED FOR REPLACEMENT WILL BE REPLACED IN KIND (i.e. Send us a brain we just send you back just a brain)
- ALL DEFECTIVE ITEMS REQUIRE A DESCRIPTION OF THE DEFECT.
- NON CURRENT MODELS REQUIRE A RETAIL CUSTOMERS RECEIPT WHEN REQUESTING AN RMA
- All products purchased more than 6 months ago require retail customers receipt when requesting an RMA.
- Out of warranty items will be repaired with a charge.
- Items that do not test defective will be subject to a 25.00 testing fee.