



RMA Request Form

19877 Quiroz Court
City of industry, CA 91789

RMA Dept. Phone: (909) 595-6800 X118
Fax: (909) 595-6118

IMPORTANT RMA PROCEDURES

1. Please complete the RMA form with detailed descriptions of the problem for your product.
2. FAX this completed RMA form with a copy of the original purchase invoice to (909) 595-6118.
3. Please fill in the product serial numbers and We will check the serial number to make sure if they are identical with the products you bought from us.
4. The RMA Dept. will FAX back to you a RMA number within 24 hrs or provide a reason for RMA denial.
5. After you receive a RMA number, then you may return your defective products to MOTOBRAVO, INC.
6. Your assigned RMA number is valid for 30 days from the date of issue.
7. Please write the RMA Number on the outside of your shipping box (on the address line).

Complete this form and FAX it to the RMA Dept. WITH a copy of your purchase INVOICE

Company(if has) _____
 Customer Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Contact Person _____ Date Faxing This form _____

For Motobravo, Inc. RMA use only RMA # _____ Issue Date: _____ Total Pieces: _____
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IT'S THE CUSTOMER'S RESPONSIBILITY TO CALL THE RMA DEPT. IF NO RESPONSE WAS RECEIVED AFTER 24 HOURS OF FAXING THIS FORM TO MOTOBRAVO, INC.

QTY	ITEM NUMBER (Color)	VIN #	Date	DETAILED PROBLEM

MOTOBRAVO, INC. Is not responsible for any lost returned merchandise

Corporate Headquarters:

19855 Quiroz Court, City of Industry, CA 91789

19877 Quiroz Court, City of Industry, CA 91789

Tel: 909-595-6800 – Fax: 909-595-6118 – Web: www.motobravousa.com

MOTOBRAVO®



FOR MOTOBRAVO, INC. WAREHOUSE USE ONLY

RMA# _____

Ship Via: _____

Received By _____

Received Date _____

Repair record:

[Empty rectangular box for repair record]

Repaired By _____

Date _____

Pick-up By _____

Date _____

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