



**RMA Request Form**  
61 Saint James Place, NY, NY 10038

**RMA Dept. Phone:** (212) 693-2646  
**RMA Dept. Fax:** (212) 693-2659

**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 212-693-2659.
3. The RMA Dept. will FAX back to you a RMA number within 24 hrs or provide a reason for RMA denial.
4. After you receive a RMA number, then you may return your defective products to B&S.
5. Your assigned RMA number is valid for 14 days from the date of issue.
6. 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 Department with a copy of your purchase INVOICE

Company \_\_\_\_\_ Invoice # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Date Faxing This Form \_\_\_\_

For RMA Use Only
RMA # _____
Issue Date _____
Total Pieces _____

IT'S THE CUSTOMER'S RESPONSIBILITY TO CALL THE RMA DEPARTMENT IF NO RESPONSE WAS RECEIVED AFTER 24 HOURS OF FAXING THIS FORM TO B&S BEAUTY SUPPLY

Qty	Item #	Invoice# and Date	Detailed Problem

Special Request :

FOR B&S RMA USE ONLY

B&S BEAUTY SUPPLY IS NOT RESPONSIBLE FOR ANY LOST RETURNED ACCESSORIES EXCEPT FOR CREDIT AND DOA ITEMS.