RETURN MERCHANDISE AUTHORIZATION FORM



Please contact Exarchy Holster Co. customer service prior to completing this form and sending your return to us. You will need an RMA number to input on the form, below. Include this form in your returned package.

HOLSTER CO		Mail To: Exarchy Holster Co. ATTN: Returns RMA # (Please put RMA# provided) Return Address Provided with Approved RMA					
Please check one l	box:	Exchange Produc	ct	Repair Produ	ıct	Refu	nd
NAME:							
ADDRESS:							
ADDRESS LINE 2:							
CITY:			STATE:		ZIP:		
PHONE:							
EMAIL:							
ORDER #:							
ITEM QUANTITY:							
ITEM DESCRIPTION:							
REASON FOR EXCHANGE, REPAIR, or REFUND:							
PAYMENT/REFUND INFO:	Cash	(Do Not Mail)		Check in package	9	Call fo	or info

Items sent back for repair will be repaired or replaced at our discretion. Holsters that require replacement will be replaced with the current equivalent model. We cannot return items that have been replaced under our limited LIFETIME warranty. Custom products may not fall within our limited LIFETIME warranty for replacement. Please contact customer service if you wish to discuss warranty on custom products.