



9200 North Decatur St. Portland, OR 97203 (503) 286-9300

Date:

### Return Authorization Request

|                       |  |        |  |         |  |
|-----------------------|--|--------|--|---------|--|
| Name:                 |  |        |  |         |  |
| Ship-to Address:      |  |        |  |         |  |
| City:                 |  | State: |  | Zip:    |  |
| Phone#:               |  | Fax#:  |  | E-Mail: |  |
| Special Instructions: |  |        |  |         |  |

|   |  |
|---|--|
| <b>Copy of Purchase Receipt is required for Warranty Service</b><br>For Non-Warranty Service: Flat Rate amounts will be provided when the RA# is issued.<br>Payment information should be provided before sending the item to Phoenix Gold. |  |
| <b>Customer Purchase Receipts</b><br><input type="checkbox"/> Sending Receipt with Unit <input type="checkbox"/> Receipt attached to e-mail   |  |

### Return Items

| Qty.                     | Model                | Serial#                  | RA#      | Symptom                  |              |                      |
|--------------------------|----------------------|--------------------------|----------|--------------------------|--------------|----------------------|
| <input type="checkbox"/> | Repair or Replace    | <input type="checkbox"/> | Warranty | <input type="checkbox"/> | Non-Warranty | <b>Flat Rate: \$</b> |
| <input type="checkbox"/> | Intermittent Problem | Details:                 |          |                          |              |                      |

| Qty.                     | Model                | Serial#                  | RA#      | Symptom                  |              |                      |
|--------------------------|----------------------|--------------------------|----------|--------------------------|--------------|----------------------|
| <input type="checkbox"/> | Repair or Replace    | <input type="checkbox"/> | Warranty | <input type="checkbox"/> | Non-Warranty | <b>Flat Rate: \$</b> |
| <input type="checkbox"/> | Intermittent Problem | Details:                 |          |                          |              |                      |

| Qty.                     | Model                | Serial#                  | RA#      | Symptom                  |              |                      |
|--------------------------|----------------------|--------------------------|----------|--------------------------|--------------|----------------------|
| <input type="checkbox"/> | Repair or Replace    | <input type="checkbox"/> | Warranty | <input type="checkbox"/> | Non-Warranty | <b>Flat Rate: \$</b> |
| <input type="checkbox"/> | Intermittent Problem | Details:                 |          |                          |              |                      |

**Method of Payment:**  Credit Card (Visa/MC/Amex)

Cashier's Check/Money Order

CC#: \_\_\_\_\_

Exp: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

3-Digit security code: \_\_\_\_\_

I authorize charge for Flat-Rate amount

Upon receiving your flat-rate, mail payment to:

Phoenix Gold/PHX AP Acquisition

Dept LA 22592

Pasadena, CA 91185-2592

Or enclose payment w/product

Please send returns to the address below with the RA# printed clearly on the outside of the shipping carton:

**Phoenix Gold**  
**Product Service**  
**9200 N. Decatur St.**  
**Portland, OR 97203**

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|--|
| E-Mail RAs to: <a href="mailto:ras@phoenixgold.com">ras@phoenixgold.com</a> FAX RAs to: (503) 978-3380    Phone in: (800) 950-1449<br>Status of Return Inquiries: (800) 950-1449 |
|--|

[www.phoenixgold.com](http://www.phoenixgold.com)