



RA REQUEST FORM

EMAIL: OZAUDIORMA@GMAIL.COM

Phone: (626) 667-8217

Dealer : _____

Acct # _____

Date: _____

Contact person: _____

Phone # _____

Email: _____

	MODEL	Serial number	Sale Date	PO# / REF	PROBLEM
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Rep Signature: _____

Please return product to:

OZ AUDIO USA
1572 W. SAN BERNARDINO RD
COVINA CA. 91722

R.A. #

Please mark RA # on outside of shipping carton and on packing slip. Boxes shipped without RA # will severely delay processing request. Please ensure the RA # is clearly visible on outside of shipping carton.