Return Authorization Form

Date:_____

RMA Number_____

Customer Name:_____

Customer Address:_____

_____

Customer Email:_____

Customer Phone:_____

SKU and/or Description of Merchandise_____

Ring ___if so, Size_____ Earrings___ Bracelet/Bangle____
Pendant ____ 925 Silver_____ 14k Gold_____

Warranty Registration Number_____Repair___ Replace___

Special Instructions_____

_____

_____

Tracking of Item Returned_____

Date Received_____Date Returned_____