

Return Authorization (RA) Form

To obtain return service, **please completely fill out the information below** and include this form in the box with the returned item. Please write the Return Authorization Number on the outside of the box, and ship your item for repair to:

Laser Link Golf
ATTN: Returns
5315 Voges Road
Madison, WI 53718

Please include a detailed description of why this product is being returned. You may use a separate sheet of paper, or simply use the back of this form.

For INDIVIDUAL CONSUMER RETURNS:

Return Authorization Number (provided by Laser Link representative): _____

Type/Model of Unit: _____

Serial Number (located on bottom of battery door): _____

Purchase Date: _____

Place of Purchase: _____

Name: _____

Return Shipping Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

For RETAIL RETURNS:

Name of Business: _____

Return Address: _____

Name of Customer: _____

Name of person who obtained Return Authorization: _____

Email Address for RA correspondence: _____

Account Number: _____

Return Authorization Number: _____