



RMA Form

Please send this form with any returned goods filled out where possible.

Goods returned without this form may experience delays

Name _____

Address _____

Contact Number _____ Email Address _____

Item being returned:

Order or Invoice Number: _____

Reason for Returning

Warranty Repair

Returned Goods

Incorrect Item

Refund Required: YES NO

Description of fault _____

Contact at Urban Archery if known _____

Date of Purchase _____