

RETURN MERCHANDISE AUTHORIZATION

Palmetto State Armory will accept defective products in an unaltered condition **within 30 days of the delivery date** for a refund, credit (less shipping), or exchange and may be subject to a restocking fee. Firearms, Ammunition and Clothing are not returnable.

After 30 days, items purchased will no longer be eligible for return services.

Please consult your Manufacturer's warrantee before contacting Palmetto State Armory. In order to submit a return request, complete this form in its entirety to ensure your return is processed correctly. A completed copy of this form **MUST BE INCLUDED** with the product you are returning. When submitting your return, please adhere to the following directions:

1. You must contact the Customer Service Department **before** sending your return to get the RMA number.
2. Ship original RMA form with your return. Keep a copy for your records.
3. Return item(s) and all related components to Palmetto State Armory **(in original packing)**.
4. All packages must be shipped via UPS at the customer's expense.
5. Please make sure you are compliant with shipping restrictions of hazardous materials.
6. All returns will be processed on a first come, first serve basis.
7. Please use the highlighted address on the right to return your product.

RETURN ADDRESS:
 RMA #####
 2121 Old Dunbar Rd
 West Columbia, SC 29172

Print Name: _____ **Address:** _____

Check here if you are returning the entire order. Include the order number and explanation below

SKU#	Original Order#	QTY	Reason (See Below)	Explain Defect OR Problem
Example: 6702	2100123456	1	A	Stock was chipped.

(Please include a separate sheet of paper with additional products to be returned or other relevant information, if necessary.)

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|------------------------|----------------------|------------------|------------------|
| A. Received damaged | B. Defective | C. Wrong size | D. Did not order |
| E. Incorrectly ordered | F. Not as advertised | G. Parts missing | H. Wrong product |
- I. Other _____

If you are returning an Upper, please mark all accessories that you are including with the return:

Bolt Carrier Group Charging Handle Carrying Handle Sight

**If any of these accessories are made by another company, please indicate here _____ **

ACTION REQUESTED: REPAIR _____ REPLACEMENT _____ GIFTCARD _____ REFUND _____

SIGN: _____ **DATE:** _____

For Office Use Only
 Received By:

PSA EMPLOYEE
 ONLY