

Return Authorization (RMA) Request

No return is accepted without prior written authorization from the Reagan Wireless Return Department. Complete every field marked *. The invoice number is required — requests without it are denied, no exceptions.

FOR REAGAN WIRELESS USE

RMA #

Authorized by

Date issued

CUSTOMER

Company *

Account manager / salesperson

Contact name *

Contact phone *

Email *

Return ship-from address

INVOICE

Invoice number *

Invoice date *

MM/DD/YYYY

Date product was received

MM/DD/YYYY

Original order / PO number

ITEMS BEING RETURNED

#	MODEL / DESCRIPTION	IMEI / SERIAL	QTY	ISSUE / REASON
1				
2				
3				
4				
5				

More than five items? Attach a list with the same columns.

REASON FOR RETURN

☐ Defective ☐ Incompatible ☐ Wrong item shipped ☐ Damaged in transit ☐ Other (describe below)

Details

Before you send this form — the return policy at reaganwireless.com/returns applies in full. In brief:

- Request authorization within the 30-day window stated on the Returns page; the product must reach us within **15 days** of the authorization being issued.
- Returns are subject to a **15% restocking fee**, waived for defective or incompatible items. Original shipping and handling are not refundable.
- You are responsible for return shipping and proof of delivery. Pack properly, **insure fully**, and keep the tracking number until credited.
- Include **all kitted accessories**; missing items are charged at replacement cost. Products that have been abused, misused, altered, tampered with, unlocked or had their software altered are not accepted.
- **Unauthorized returns are refused.** Do not ship until you receive your RMA number, and write it on the outside of every box.

Signature * — I confirm the information above is accurate and I have read the return policy

Date *

MM/DD/YYYY

Send the completed form to RETURNS@REAGANWIRELESS.COM or fax 954-596-0070. Questions: your account manager, or +1-877-724-3266 (Mon–Fri, 8:30 AM–5:30 PM Eastern).