

RETURN AUTHORIZATION FORM

RA# _____

Owner:

Name _____

Address _____ City _____

STATE _____ Zip _____ Phone Number _____

Product To Be Returned:

Model # _____ Serial # _____ Date of original purchase ____/____/____

Model # _____ Serial # _____ Date of original purchase ____/____/____

Reason For Return

10 Day Trial Return

Repair Return

Description Of Problem: _____

Please contact BaerAmplification at (661) 947-5336 to obtain your RA#. You must obtain a Return Authorization Number before returning any equipment!

Enclose this form along with a copy of the original sales receipt and the product to be returned. When possible, please return equipment using the original shipping carton. **Products being returned under the 10 day trial period, must be returned in the original shipping carton.** All shipping charges shall be paid by the purchaser. Baer Amplification LLC is not responsible for any damage that may occur during shipping. Any claim for damages that happen as a result of shipping, must be filed by the purchaser directly with your shipping carrier.

Returned equipment can be sent to:

● **SPEAKER CABINETS:**
Baer Amplification
Attn: Return Department
9615 Inter-Ocean Drive
Cincinnati, OH 45246

● **ELECTRONICS:**
Baer Amplification
Attn: Return Department
36427 Nickel St.
Palmdale, CA 93550