



Sprint RMA Form:

MODEL: _____ TOTAL MINUTES: _____

CHECK ONE:

CUSTOMER REMORSE _____

MANUFACTURER DEFECT _____

Detail _____

DOA (OUT OF BOX) _____

Detail _____

ESN/IMEI: _____ SIM: _____

DATE OF SALE TO CUSTOMER: ____/____/____ RETURN: ____/____/____

CUSTOMERS NAME: _____

CUSTOMERS CELL NUMBER: _____

STORE #: _____ CONTACT NAME: _____

STORE ADDRESS: _____

PHONE NUMBER: _____

All returns are subject to approval
Sales and Return receipt required

Allstar Warehouse
22118 Coolidge Hwy Oak Park, MI 48237
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