



Verizon RMA Form:

CARRIER: _____ MODEL: _____

REASON: _____ TOTAL MINUTES: _____

ESN/IMEI: _____ SIM: _____

DATE OF SALE TO CUSTOMER: _____

DATE OF RETURN FROM CUSTOMER: _____

DATE OF PURCHASE FROM WAREHOUSE: _____

CUSTOMERS NAME: _____

CUSTOMERS CELL NUMBER: _____

STORE #: _____

STORE ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

Allstar Warehouse
22118 Coolidge Hwy Oak Park, MI 48327
Office: 248-399-8525 Fax: 248-399-8526