

## **Return Authorization Request**

Sender Information Company: Name: Phone #: E-mail: Address: City: Province: Postal Code:		Return Information Receiver: Address: City: Province: Postal Code:  Return Courrier:	MK Mobile inc 1302D Bélange Montréal Qc H2G 1A1	
Once completed, please email this form directly to RMA@mkmobile.ca		Tracking Number:		
YOU MUST JOIN A COPY OF THIS I SKU#	FORM TO YOU RETURNS  Product Name	Invoice#		Reason for Return
SILCH		invoice.		Nous not not an in
Batteries / Phones / Accessories : 30	and/OR Dead Pixel Only) And/OR Dead Pixel Only) I And/OR Dead Pixel Only) 60 Days (Touch And/OR Dead Pixel Only) Days		Processed By	(MK Mobile inc use only)  Authorized by
Please email this form directly to R Please contact Customer Service at (				

(MK Mobile inc use only)