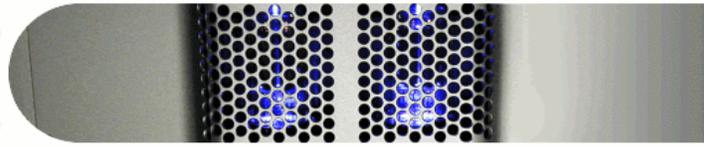




**TUBE
DRIVER**
BLUE



Return Authorization Form

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

CONTACT NAME: _____

PH: _____ FAX: _____

EMAIL: _____

MODEL #	SERIAL #	FAULT DESCRIPTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return Authorization Policy:

1. Return Authorization number MUST be clearly marked on the outside of parcels.
2. Please provide fault descriptions on ALL items.
3. Products tested with No Fault Found (NFF) will be charged an \$85 bench fee and returned to you.
4. Warranty will be voided if cover has been removed or product is physically damaged during shipment.
5. Return Authorization Numbers will be issued after receipt of this form.

TO RECEIVE AN RA NUMBER, COMPLETELY FILL OUT THIS FORM, THEN EITHER:

a) Email to: tech@butleraudio.com or

b) Fax to: 303-766-5032

Return to this address:

Butler Audio Office Use Only

RA#

AUTHORIZED: _____

DATE RECEIVED:

DATE COMPLETED:

DATE: