

RMA Request: Advanced Repair/Replacement

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO
US ON.

56, Beatty Avenue, Leicester, LE5 4AX

All information will remain confidential

Estride Customer Success Team | support@stride-invent.com

Customer Name: _____

Phone Number: _____

Email Address: _____

Address Line 1:

Address Line 2:

City: _____

State / Providence / Region: _____

Zip Code: _____

Country: _____

Product SN# _____

Reason for Return

Terms and Conditions

- If RMA unit is damaged by customer (not under warranty), then Estride has the right to refuse repairs/replacements.

Customer Signature: _____

Customer Name (Print): _____

Date: _____