



Rizzini®

CREDIT RETURN FORM

RMA #: _____

Dealer Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Email _____

PLEASE PROVIDE COMPLETE PHYSICAL ADDRESS FOR RETURN SHIPMENT OF FIREARM

FIREARM INFO

Make _____ Model _____ ATF Type RIFLE RECEIVER ONLY SHOTGUN

Caliber / Gauge _____ Serial # _____

Scope ID _____ Gun Case Description _____

Other Items Included _____

EX. MUZZLEBRAKE - EXTRA MAGS - AMMO

INSTRUCTIONS

GUNSMITHING

DESCRIBE WHY CREDIT IS NEEDED:

- ACCURACY ISSUES _____
- CHAMBER PRESSURE _____
- STOCK, PARTS REPAIR _____
- OTHER _____

ADDITIONAL:

APPROVED BY CEO:

SALESMAN: