

Enhanced Defense Sprays, LLC

Warranty Return Merchandise Authorization (WRMA) Form

This area to be completed by Enhanced Defense Sprays, LLC

WRMA Issue Number:

Date Issued:

Issued By:

Comment:

Name:

Address:

City:

State:

Zip:

Tel #1

Alt Tel

E-Mail

Product Description:

Purchase Date:

Product Quantity Purchased:

Name of store where purchased:

Location of place purchased (City + State):

Quantity Returned:

Reason for return:

If product is an aerosol canister pepper spray:

What is the Production Code Date that is laser etched into the black spray head?

Signature

Date