

RMA No. _____

RMA No. must be assigned by New Era, Non-approved RMA No. will be refused.

Item Name _____

Total Q'ty _____

Package Weight _____ **lb**

Package Dimension _____ **x** _____ **x** _____

Receipt Shipping Label By

Fax No. _____

or

E-mail address: _____

***Please fax or e-mail your RMA form to 510-770-5014 or at return@japan-animation.com**

*** We will send you return shipping label via email PDA File within 5 business days,**

Please label it and drop to post office.