

Snap Prepaid Handset RMA FORM – GSM

Please complete the information below and return form with complete handset.

Date of Return: _____

Customer Info:

Name	
Street Address	
Address	
City State Zip	
Contact Number	

Reason for Return (please check one):

Charging Port	<input type="checkbox"/>	Keypad	<input type="checkbox"/>
Sound/Volume	<input type="checkbox"/>	Microphone (can't be heard)	<input type="checkbox"/>
Screen/LCG	<input type="checkbox"/>	Light	<input type="checkbox"/>
Power Issues/Won't Power On	<input type="checkbox"/>	Other: (write in)	<input type="checkbox"/>

Reason for Return (other): _____

Mail to:

Snap Prepaid, LLC

Attn: RMA processing

980 Gainesville Highway

Buford, GA 30518