



Customer Return Materials Authorization

Request received by _____ Received on _____

Customer Details

Company _____	Contact _____ ID _____
Address _____	Phone _____ Fax _____
_____	Email _____
City _____	State _____ Zip _____

Product Details

Item	Model #	Serial #	Qty	Reason for Return	Invoice #	Date

For internal use only

RMA # _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Credit issued by _____
Issued on _____	Return rec'd by _____	Credit issued on _____
Good until _____		Replacement sent _____