



Customer Return Materials Authorization

Request received by _____ Received on _____

Customer Details

Name _____ RMA# _____ Date _____
Address _____ Phone _____ Fax _____
_____ Email _____
City _____ State _____ Zip _____

Product Details

Item Description	Product Code	Order#	Qty	Reason for Return	Order 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 _____