

Customer Return Materials Authorization Form

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 # _____	Not Required _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Return rec'd by _____	Credit issued by _____
Issued on _____	_____	_____	Credit issued on _____
Good until _____	_____	_____	Replacement sent _____