



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 _____ |