

## RMA REQUEST FORM

Company Name:		Date:	
Contact Name:		Phone#	
Contact Email:			

Customer PO#		Invoice Number#	
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Part#	Description	D/C	Lot#	Qty. for return

Reason for Return:
<input type="checkbox"/> Product Defective <input type="checkbox"/> Wrong Part <input type="checkbox"/> Order Error ( _____ %restocking fee) <input type="checkbox"/> Other
<b>Explanation: (Please describe in detail):</b>          

<b>Type of Credit Requested:</b> <input type="checkbox"/> Refund CC <input type="checkbox"/> Refund Check <input type="checkbox"/> Credit Memo  <input type="checkbox"/> Replacement(AFTER receipt of parts) <input type="checkbox"/> Replacement (PRIOR to receipt of parts)
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<b>Internal Use Only</b>			
Account Executive			
CAR Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	Customer Reference #		
Vendor Name:		PO#	
Vendor RMA Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, RMA #	Claim #	
Additional Notes:			

RMA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Reason :		_____
Type of Credit Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Type:		_____
_____	Management Signature	_____
_____	Print Name	Date
_____		RMA #