



## 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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Internal Use Only			
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		_____ Date	
_____ Print Name		_____ <b>RMA #</b>	