



# RETURN MERCHANDISE AUTHORIZATION

PRINT THIS FORM AND CONTACT OUR OFFICE FOR RMA NUMBER

Customer Number \_\_\_\_\_

Date \_\_\_\_\_

Company Name \_\_\_\_\_

RMA Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Customer P.O. \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_

Dear Customer:

You are hereby authorized to return the items listed below on the above-mentioned return authorization number. Please return by method listed below. Invoice and part number should be available on the original invoice.

Ship Via \_\_\_\_\_

Invoice #	Qty	Part #	Description/Serial #	Reason for return

This Return Authorization must be filled out completely and the merchandise must be returned by an insured and trackable method in order for this return to be authorized.

### Accounting Purposes Only

Date Returned: \_\_\_\_\_ Completed by: \_\_\_\_\_

15% Restocking charge \_\_\_\_\_ New Order Written: Y / N New Order # \_\_\_\_\_

Credit Reason: \_\_\_\_\_ Credit Type: \_\_\_\_\_

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