

RETURN & ALLOWANCE AUTHORIZATION

RMA Number	
Date Authorized	
Original Invoice #	

CUSTOMER INFORMATION

Customer Name:

Account Number:

Contact Person:

Phone Number:

Email Address:

RETURN INSTRUCTIONS

Shipping Carrier:

Tracking Number:

Ship-to Address:

Expiry Date:

REASON FOR RETURN / ALLOWANCE

- Damaged in Transit
- Defective Product
- Incorrect Item Sent
- Ordered Incorrectly
- Quality Unsatisfactory
- Price Adjustment
- Warranty Claim
- Other

AUTHORIZED ITEMS FOR RETURN / CREDIT

Item / Part #	Description	Qty	Unit Price	Total Value

Subtotal	
Restocking Fee	
Allowance / Disc.	
Total Credit	

ACTION TO BE TAKEN

- Issue Store Credit
- Refund Payment
- Send Replacement
- Apply Price Allowance

Authorized By (Company Representative)

Date

Accepted By (Customer Signature)

Date

This document must accompany all authorized returns. Returns received without a valid RMA number may be rejected.