

Return Merchandise Authorization (RMA) #: _____

Company/Merchant Name _____

Date: _____

INSTALLMENT PURCHASE RETURN PROCESSING FORM

1. CUSTOMER INFORMATION

Customer Name	_____		
Customer ID / Account #	_____	Contact Number	_____
Email Address	_____		

2. ORIGINAL INSTALLMENT CONTRACT DETAILS

Agreement / Contract #	_____	Original Purchase Date	_____
Total Purchase Price	_____	Down Payment Paid	_____
Installment Term (Months)	_____	Monthly Payment Amount	_____
Total Payments Made to Date	_____	Remaining Balance Owed	_____

3. RETURN ITEM DETAILS

Item / SKU Number	Description	Qty	Return Value
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Return _____

4. REFUND & INSTALLMENT FINANCIAL ADJUSTMENT

Total Return Value Credit	_____	Restocking / Return Fee	_____
Net Adjusting Credit (A - B)	_____	Outstanding Contract Balance	_____
Revised Contract Balance	_____	Refund Amount Due to Customer	_____

Action on Installment Plan

Cancel entire contract / Void plan
 Adjust monthly payment amount
 Reduce number of remaining terms

5. AUTHORIZATIONS & ACKNOWLEDGMENTS

By signing below, the customer and the authorized representative agree that the installment contract noted above has been modified or cancelled as detailed in

Section 4. The customer acknowledges that any revised monthly payment obligations remain legally binding under the terms of the original agreement.

Customer Signature

Date

Authorized Merchant Representative Signature

Date