RMA REQUEST FORM

CUSTOMER NAME

CUSTOMER#

INVOICE/PO#	ITEM#/DESCRIPTION	QTY	Unit Cost	X-SHIP

RETURN FREIGHT TYPE: ☐ FC ☐ RETURN LABEL ☐ CALL TAG ($5 CHARGE) ☐ CUSTOMER

REASON FOR REQUEST: _____

(X-SHIP) REPLACEMENT REQUEST:

QTY	ITEM#	ITEM DESCRIPTION	Unit Cost

NOTES/SHIP TO ADDRESS:

CROSS SHIPMENT SO#

CONTACT: _____

TEL: _____

EMAIL: _____

*ALL INFORMATION MUST BE ENTERED TO PROCESS THE REQUEST. FAILURE TO COMPLETE THE FORM PROPERLY CAN DELAY OR PREVENT THE REQUEST FROM BEING PROCESSED.