**Customer Return Materials Authorization**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  |  Signature  |  |

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| --- |
| **Customer Details** |
| Name  |  | Contact  |  | ID  |  |
| Address |  | Phone |  |  Fax |  |
|  |  | Email |  |
| City |  | State |  |  Zip |  |
|  |  |  |  |  |  |

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| --- |
| **Product Details** |
| Item  | Item # | Qty | Reason for Return | Invoice # | Date |
|  |  |  |  |  |  |
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| --- |
| **For internal use only** |
| RMA # |  | Restocking fee |  | Credit amount |  |
| Issued by |  | Return rec’d on |  | Credit issued by |  |
| Issued on |  | Return rec’d by |  | Credit issued on |  |
| Good until |  |  |  | Replacement sent |  |
|  |  |  |  |  |  |