

RETURN MERCHANDISE AUTHORIZATION /FORM



Date: _____

* : Mandatory

DEALER INFORMATION

Dealer*:	Telephone*:
Customer #*:	Email*:
Contact*:	

PRODUCT IDENTIFICATION

Quantity:	Product code:
Serial # (if available):	Customer P.O. #:
Reason(s) for return:	

(Use more than one form if needed.)

FOR INTERNAL USE ONLY

1	P.O. #:	Total amount of credit:
2	P.O. #:	Total amount of credit:
3	P.O. #:	Total amount of credit:

** All RMA's (Return Merchandise Authorization) are subject to inspection before the credit is issued.

*** In the event that one of our representative is called to make a customer visit, the customer is informed in advance that an \$85 fee will be charged if the problem is not a manufacturing defect.

