



Customer Return Materials Authorisation

Request received by _____ Received on _____

Customer Details

Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Postcode _____

Item	Qty	Reason for Return	Invoice #	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____

This document, in printed form, is uncontrolled unless completed as a record.