



RMA Request Form

Your Name:

Date:

Customer Name:

Customer #:

Purchase Order:

Original Order / Invoice #:

Item #	Description	QTY

Reason (Check One):

Defective

Damaged

Short Ship

D.E. Error

Mis-Ship

Lost in Mail

Does Not Want

Other

Description of issue:

Actions Taken:

Action Needed:

USPS Label:

Yes

No

Email:

of Call Tags:

LTL Pick Up:

Yes

No