

RETURN MATERIAL AUTHORIZATION REQUEST

Please e-mail completed form or your company purchase order to
rma@refcouplingsys.com

RMA NO.			
DATE OF ISSUE			
RMA AUTHORIZED BY			
DATE OF REQUEST			
CUSTOMER NAME			
CONTACT NAME			
PHONE NUMBER			
E-MAIL ADDRESS			
BILLING ADDRESS			
SHIPPING ADDRESS			
RETURN SHIPPING METHOD			
COLLECT SHIPPING ACCT #			
PURCHASE ORDER NUMBER			
TERMS (Please Check One)	<input type="checkbox"/> NET 30	<input type="checkbox"/> CREDIT CARD PAYMENT	
REASON FOR RETURN (Please Check One)			
<input type="checkbox"/> OTHER		<input type="checkbox"/> EVALUATION	<input type="checkbox"/> CREDIT
<i>If returning for credit, original purchase order information must be provided and restocking fee may apply</i>			
PART NUMBER	QTY	ITEM DESCRIPTION	
DESCRIPTION OF REQUEST OR PROBLEM (Do not use the word "Defective", Include as much detail as possible, specifically as it relates to a failure condition)			
TERMS: A lab charge of \$50.00 will be assessed to the RMA and no credit will be issued if our inspection and testing determines that the returned product(s) are not defective and the reason for failure is from improper installation technique, improper handling, abused, dropped, improper treatment, or misused. This RMA is voided and no product analysis will take place without your approved and binding signature below.			
Signature	Print Name	Date	