



8404 SAN FERNANDO RD SUN VALLEY, CA 91352  
 PHONE 818-767-1147 or 800-446-5247 FAX: 818-767-1325

## Customer Return Materials Authorization

Request received by \_\_\_\_\_ Received on \_\_\_\_\_

### Customer Details

Company \_\_\_\_\_ Contact \_\_\_\_\_ ID \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Product Details

Item	Model #	Serial #	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 \_\_\_\_\_