RETURN MATERIALS AUTHORIZATION REQUEST

717-A Fellowship Road
Mt. Laurel, NJ 08054
Phone: (800) 679-9243
Fax: (856) 429-6838

Date: _____

Business Name: _____

Email: _____

Order Date: _____

PO Number: _____

REQUESTED ACTION:

- ☐ Replacement (if available)
- ☐ Credit Return

REASON FOR RETURN:

- ☐ Defective/Broken (describe below)
- ☐ Customer Error/Canceled
- ☐ Order Entry Error
- ☐ Price Adjustment
- ☐ Shipping Error
- ☐ Packaging Error
- ☐ Overstock
- ☐ Stock Rotation
- ☐ Other (describe below)

How long were the units installed before it failed?: _____

_____

List any other reasons for the return: _____

_____

PRODUCT DETAILS

ITEM	DESCRIPTION	QTY	PRICE	REASON FOR RETURN