

## **Customer Return Materials Authorization**

| Note to | Valued  | Customer: In | order to  | expedite | the return | process the | following | ıa is | required |
|---------|---------|--------------|-----------|----------|------------|-------------|-----------|-------|----------|
| 1101010 | * aloca |              | OI GOI 10 |          |            |             |           | 1915  | 10901100 |

| *Fill | Out | all | data | fie | Ids |
|-------|-----|-----|------|-----|-----|
|       |     |     |      |     |     |

- \*Write the RMA # on the outside of the box
- \*Enclose a copy of the RMA Form in the box
- \*No returns on items < \$1.00
- \*No returns accepted without RMA #
- \* Fax Number **856-317-0623**

| RMA# |  |  |  |  |
|------|--|--|--|--|
|      |  |  |  |  |

| Customer Details |         |     |
|------------------|---------|-----|
| Company          | Contact | ID  |
| Address          | Phone   | Fax |
|                  | Email   |     |
| City             | State   | Zip |
|                  |         |     |

| Product De | etails |     |                   |           |      |
|------------|--------|-----|-------------------|-----------|------|
| Item       | Part # | Qty | Reason for Return | Invoice # | Date |
|            |        |     |                   |           |      |
|            |        |     |                   |           |      |
|            |        |     |                   |           |      |
|            |        |     |                   |           |      |
|            |        |     |                   |           |      |
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|            |        |     |                   |           |      |
|            |        |     |                   |           |      |

|   | esponsibility to call the RMA Dept. if no response was received s of faxing or emailing this form to Voice Comm. |
|---|--|
| For Internal Use only:  Date Received:  Restocking Fee Applied:  Notes: | Received By:   |