

Request for RMA

Internal Document

Salesman:

Date Issued:

RMA and CREDIT WILL NOT BE ISSUED
WITHOUT THIS COMPLETED FORM

Authorized by:

Customer:	P.O.#	Freight
	S.O #	Paid by AWG
	INV#	Paid by Cust.

Contact:

Carrier:

Phone:

Fax:

Pro #:

Item Description	Quantity	Put-ups

Reason for return / Special Instructions:

Return to AWG Stock?

Site:

Return to Vendor?

Weight:

Additional Information

Issue Credit:

Restocking Fee: %

Freight:

Freight Claim: