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# RETURNED MATERIAL AUTHORIZATION FORM

RMA#: SO#: PO#:

DATE:

CUSTOMER:

CUSTOMER CONTACT INFORMATION:

BILL TO:

SHIP TO:

PART(S) RETURNING:

PART #	QTY	REASON FOR RETURN	SERIAL #(S)

**NOTE: ALL MATERIAL RETURNED FOR REPAIR MUST INCLUDE THIS FORM.**

ADDITIONAL NOTES FROM CUSTOMER: