



Customer Return Request Form

Customer Name: _____ Account #: _____

Invoice/Customer PO #: _____

Sales Rep: _____

RMA #: _____

25% Restock Fee: YES _____ NO _____

Parts to be Returned

| | FD Part# | Quantity | Description |
|----|----------|----------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

Notes: _____
