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RETURN MERCHANDISE AUTHORIZATION (RMA) (A) Requester / Buyer Information Company Name Date of Request Address **Contact Person Email Address** Tel No Fax No (B) Purchase Information (1) RMA Type (Pls select one) Warranty Out of Warranty (2) Invoice Number **Invoice Date** (C) Product Information Item/Model # Qtv Reason for **RMA** Item/Model # Qty Reason for **RMA** Item/Model # Qty Reason for **RMA** Remarks Authorized Signature Designation Date For Official Use Only **RMA Number** Received Date Issued By Date of Issuance Remarks