



## Return Merchandise Authorization (RMA) Form

### Customer Information

Company Name:  
Telephone:  
Contact Person:  
E-Mail:

**The customer must return the defective products within 30 days from the notification of the replacement shipment. Otherwise, the customer will be held accountable and invoiced for the replacement goods including freight.**

### Product and Return Information

QTY	ALEDDRA PART NUMBER	INVOICE NUMBER	PO#	PROBLEM/REASON FOR RETURN	Send Immediate Replacement (Y/N)	Purchase Date
Ship Replacements To:				Related RMA#'s (if applicable):		
Customer Notes:						

Aleddra Action:    **Repair**                  **Replacement**                  **Account Credit**

Return Shipping Cost:    **Customer**                  **Aleddra**

Apply Restocking Fee: \_\_\_\_\_ Charge Original Shipping Cost (Y/N): \_\_\_\_\_

**OFFICE USE ONLY**

RMA #: \_\_\_\_\_  
Customer ID: \_\_\_\_\_

### Results of Testing

#	ALEDDRA PART NUMBER	Good	QTY	Repairable	QTY	Disposal	QTY
1							
2							
3							
4							
5							
6							

### Disposition (To be determined by manager)

QTY	
	Return to customer, no problem found
	Send back to inventory, site: _____
	Warranty Replacement
	Issue Credit: INV#
	Warranty repair, repaired and returned to customer
	Bad – Send to Disposal
	Other:

Additional Comments: \_\_\_\_\_

Date Received: \_\_\_\_\_

Testing Confirmed By: \_\_\_\_\_

System Processed By \_\_\_\_\_ Date \_\_\_\_\_

Inventory Reconciliation By \_\_\_\_\_ Date \_\_\_\_\_

Approved By (Manager) \_\_\_\_\_ Date \_\_\_\_\_

For Accounting Department:  
Close out SO# \_\_\_\_\_