



Atlanta Special FX  
 919 Harbins Pass Drive  
 Dacula GA 30019  
 Call: 888-664-0097  
 Fax: 404-393-7400

## Customer Return Materials Authorization

Request received by \_\_\_\_\_ Received on \_\_\_\_\_

### Customer Details

|               |               |           |
|---------------|---------------|-----------|
| Company _____ | Contact _____ | ID _____  |
| Address _____ | Phone _____   | Fax _____ |
| _____         | Email _____   | _____     |
| City _____    | State _____   | Zip _____ |

### Product Details

| Item  | Model # | Serial # | Qty   | Reason for Return | Invoice # | Date  |
|-------|---------|----------|-------|-------------------|-----------|-------|
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |
| _____ | _____   | _____    | _____ | _____             | _____     | _____ |

### For internal use only

|                  |                       |                        |
|------------------|-----------------------|------------------------|
| RMA # _____      | Restocking fee _____  | Credit amount _____    |
| Issued by _____  | Return rec'd on _____ | Credit issued by _____ |
| Issued on _____  | Return rec'd by _____ | Credit issued on _____ |
| Good until _____ |                       | Replacement sent _____ |