

Date:	BCG Team	FB RMA#
Company Name:		
Phone Number:(
Quantity Product Par	•	on
Original Sales Order _		PO#
Reason for Return:		
		Restock Fee? Y or N
Quantity Product Par	rt Number Descripti	on
Original Sales Order		PO#
Reason for Return: _		
		Restock Fee? Y or N
Quantity Product Par	t Number Descripti	on
Original Sales Order	Original P	PO#
Reason for Return:		
		Restock Fee? Y or N
Quantity Product Par	t Number Description	on
Original Sales Order _	Original P	O#
Reason for Return:		
	Restock Fee? Y or N	
Notes:		