

Document ID	Form
FO101	RMA Request Form

## **Customer Information**

Company:	0	ffice Phone:		
Address:				
City:	 State:		Zip:	
Contact Person:	Email:			

## **Product Information**

Invoice Date	Invoice No.	Qty	Ordering No. (5 Digits) or Item Description	Unit Price	Problem/Reason for Return

□ Brand New: Product is new, sealed in its factory packaging

New Open Box: Product is new, either in resealed factory packaging or replacement packaging

**Used**: Product has been removed from a working system and may have minor cosmetic defects

Please Select One:	Replace 🗆	Credit 🛛

Customer Name (Print)

Approved By (Print)\_\_\_\_\_

Customer Signature\_\_\_\_\_

Approved By Signature

FOR INTERNAL USE ONLY						
RMA#:		Replacement SO:		Return Received:		
Authorized by:		Replacement Sent:		Credit Amount:		
Issued on:		Good Until:		Restocking Fee:		

\*If returns are not received by "Good Until" date, customer will be billed for replacement items sent or will not be issued a credit memo.

All returns must be made within 30 days from initiating RMA and must be approved by MES. Return merchandise must be in original packaging and in resalable condition. Special order merchandise cannot be cancelled or returned. No return will be accepted without this form. Please fill out this form completely and return to us. Once your RMA request is approved, we will return your form with a Return Merchandise Authorization number via e-mail. Please make sure to read our return policy at www.Maverickled.com/Policies

**Corporate Office** 

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