



2750 Auto Park Way
Escondido, CA 92029

Tel: (760) 745-7993 Fax: (760) 480-0411

RMA # _____

Return Merchandise Authorization

Please Complete (One item per form)

Customer Details

Company _____	Contact _____
Address _____	Phone _____ Fax _____
_____	Email _____
City _____	State _____ Zip _____

What went wrong?

Please select a reason code for each item you return in the Product Details.

- A. Wrong Part** **B. Part Damaged** **C. Defective** **D. Duplicate Order**
E. Customer Return/Unsatisfied **F. Item damaged in Shipment**

Explanation:

Product Details

Item No on Invoice	Model #	Serial #	Qty	Reason for Return/Code	Invoice #	Date
_____	_____	_____	_____	_____	_____	_____

Paid with: Cash Check Credit Card On Account (Credit)

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 _____
Mgr _____	Freight _____	
Approval _____	Tracking # _____	Replacement sent _____

AGT Tech _____
