

Customer Return Materials Authorization

V2 Technologies

Request received by _____ Received on _____

Customer Details

Company _____ Contact _____ P.O. _____
Address _____ Phone _____ Fax _____
_____ Email _____
City _____ State _____ Zip _____

Product Details

Item	Pricing	Serial #	Qty	V2 internal Part Number	Invoice #	Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Reason for return

Please note RMA type

CREDIT _____ Exchange _____ X-Ship _____

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 _____