

Couver Corporation

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RMA#	

 $\begin{tabular}{ll} RMA \ Request \ Form \\ \end{tabular}$ Please call us to get Return Merchandise Authorization number before mailing the form and the

		merchandis	ed item	Date:			
Customer Name: Address:				<u>.</u>			
City:			State:	Zin Code:			
City: Telephone:							
reteptione.		1	ах	<u> </u>			
Item	Qty	Description	Inv.#	Inv.Date			
1.							
2.							
3.							
Please provide detailed reason for the return 1.							
2.							
3.							
☐ Exchange ☐ Credit							

Receiving:		See below for	See below for detail:				
Inspected by:							
Date: Credit, or Exchange contingent on inspection.							
RMA:	Company policies call for 15% restock fee						
□ Approv	es for credit (30 days). No RMA						
☐ Approv	cu	Other	☐ Other				