



Couver Corporation
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RMA#

RMA Request Form

Please call us to get Return Merchandise Authorization number before mailing the form and the merchandised item

Date: _____

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Fax: _____

Item	Qty	Description	Inv.#	Inv.Date
1.				
2.				
3.				

Please provide detailed reason for the return

1. _____
2. _____
3. _____

Exchange **Credit**

***** **For Couver Corp. Use Only** *****

Receiving : _____
 Inspected by: _____
 Date: _____

See below for detail:

RMA :
 Approved
 Denied

<input type="checkbox"/> Credit, or Exchange contingent on inspection. <input type="checkbox"/> Company policies call for 15% restock fee <input type="checkbox"/> Out of company sales policies for credit (30 days). No RMA <input type="checkbox"/> Other _____
