



Supply RMA Form

For the return of defective supply items.

CUSTOMER SECTION

Customer Name: _____

Defect:

1-Broken Tab

2-Leaking

3-Lines/Spots/Streaks

4-Locked up

5-Memory Error

6-Noise

7-Poor Quality

8-Unrecognized

9-Yield

Item #	Quantity	Reason for Return	Unit Price	Tax Amt.	Credit Requested*	Receipt Confirmed
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Notes (in the original box or replacement box)

**A copy of the original sales invoice or packing slip must be attached.

Customer Signature at Pick up

Date

CDS INTERNAL USE ONLY

CDS RMA NO

(This number must appear on all credit memos)

CN # _____

Return Warehouse Springfield

Replacement Order # _____

Shipping method: _____

Vendor RMA _____

Call Tag Address: _____

Tracking # _____

Warehouse Signature _____

Notes: _____
