

Return Merchandise Authorization

Name of Center:						
Regarding Invoice#		(if applicable	e)			
Please list all products	returning:					
Product	Reason for Return	1				
1						
2						
3						
4						
5						
R/R = Repair	•	problem)	WR CR		Vrong Item sent Credit only (if avail	lable)
If you have spoken to please list that informa			any oth	er Em	ployee about this p	oroblem,
Please list all problems before shipping. If neces starts or if locking up-wha	sary, list the full proble	em with the pro	oduct (ex	not b	ooting up when comp	outer first
Person returning produ	uct	Date				

IF FORM IS NOT FILLED OUT WITH PROBLEM COMPUTER/PARTS ARE HAVING, THERE WILL BE ADDED BENCH TIME FOR TECHNICIAN TO DETERMINE PROBLEM AND FIX.