

RETURN MATERIAL AUTHORIZATION

REPORT OF SHORTAGE

UNITED  OTHER \_\_\_\_\_

RMA # / CREDIT #

WAREHOUSE RMA #

COMPANY NAME \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ COST CENTER # \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ P/U VIA \_\_\_\_\_

**REASON FOR RETURN CODES**

**WF** **WRONG FILL** - ITEM ON PACK SLIP IS NOT WHAT WAS RECEIVED

**D** **DAMAGED/ DEFECTIVE**

**S** **SHORT** - QTY. ON PACK SLIP MORE THAN RECEIVED

**R** **RETURN** - DO NOT WANT

**1**

**2**

**3**

**4**

**5**

DELIVERY TICKET #	ITEM #	QTY	DESCRIPTION	RETURN CODE	INTERNAL USE ONLY

**PLEASE FOLLOW THESE GUIDELINES:**

1. ALL SECTIONS OF THE FORM MUST BE COMPLETED TO RECEIVE AN RMA# / CREDIT#
2. FAX COMPLETED FORM TO ONE POINT. AN RMA# / CREDIT# WILL BE ASSIGNED AND PICK UP OR CREDIT ARRANGED
3. ALL RETURNS MUST BE MADE WITHIN 30 DAYS, UNOPENED AND IN ORIGINAL CARTON PACKAGING.  
RESTOCKING CHARGE WILL APPLY AFTER 30 DAYS.

COMMENTS: \_\_\_\_\_

FAX COMPLETED FORM TO (570) 343-6361