



Return Merchandise Authorization (RMA) Request

Company Name:	Contact:
Address:	City, State, Zip:
Phone #:	Fax #:
Email:	Date RMA Requested:
Original Invoice #:	Original Invoice Date:
Product Part#:	Description of Product:
Serial #:	Customer PO#:
Reason For Return:	

Action Requested:	Replacement <input type="checkbox"/>	Exchange <input type="checkbox"/>	Refund <input type="checkbox"/>	Credit <input type="checkbox"/>
Customer Signature Authorization:				
Rhino Technology Group, Inc. Signature Authorization:				