

The Cartridge Family RMA Request Form

Customer Information:

Cust #		Contact	
SHIP ID		Phone	
Replace Item	Yes No	Sales Rep	
Preferred Method To Receive Shipping Label			
Fax		Email	

Qty	Item Number	Description / Model Machine	Order Number (if known)	Reason for Return

Notes / Additional Shipping Info:

The Following to be Completed by Cartridge Family Personnel Only

1 st CM #		Replacement SO #	
Vendor		Vendor RMA #	
Tracking to US		Item Received	Yes No
Vendor Tracking		Vendor Credit Memo #	
Cust Credit #		Date	