



RETURN MATERIAL AUTHORIZATION

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CUSTOMER INFORMATION

COMPANY:	_____
CONTACT:	_____
BILLING:	_____
SHIPPING:	_____
CITY, STATE, ZIP:	_____
PHONE #:	_____
CELL #:	_____
FAX #:	_____

REQUEST RECEIVED BY: _____ **RECEIVED ON:** _____

PRODUCT DETAILS

SIGNATURE: _____

PRINT: _____ DATE: _____

FOR INTERNAL USE ONLY

BMA #: _____

RESTOCKING FFF:

CREDIT AMOUNT: _____

ISSUED BY: _____

RETURN REC'D

CREDIT ISSUED BY: _____

ISSUED ON:

BY: _____

CREDIT ISSUED ON:

GOOD UNTIL:

RETURN REC'D
ON: _____

REPLACEMENT SENT:

Attachment 8B