



RETURN MATERIAL AUTHORIZATION

2928 Washington Avenue
Clearfield, PA 16830
1-800-664-5697
info@hsws.net
www.hsws.net

CUSTOMER INFORMATION

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

REQUEST RECIEVED BY: _____ RECEIVED ON: _____

PRODUCT DETAILS

Item	Model #	Serial #	Qty	Reason for Return	Invoice #	Date

SIGNATURE: _____

PRINT: _____ DATE: _____

FOR INTERNAL USE ONLY

RMA #: _____

RESTOCKING
FEE: _____

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