



Return Merchandise Authorization Request Form

Date _____
Company Name _____
Address _____
Phone _____
Email _____
Original PO# _____

(see picture to find serial # tag on toner)

Product /Serial # _____
Qty _____
Return Reason _____

Product /Serial # _____
Qty _____
Return Reason _____

Product /Serial # _____
Qty _____
Return Reason _____

Replacement Requested: Yes _____ No _____

Comments:

