



MedeaWiz

RMA No. _____

RMA FORM

Date: _____

933 Canada Ct., City of Industry, CA 91748 Tel: (626) 839-1488 Fax: (626) 839-7038

STEP # 1 – Customer Fill out this section

Customer: _____

Original Invoice No: _____ Invoice Date: _____

NOT a direct MW customer RMA Issued By: _____

Return (Repaired / Exchanged) Warranty Coverage

Issue Credit Only No - Warranty

STEP # 2 - RECEIVING DEPT.

Received by: _____

Date: _____

Receiving No.: _____

Return to Sales Dept. if STEP 1 is not completed.

Date Submitted to RMA Dept. _____

STEP # 3 - RMA DEPT.

Provide repair estimate before work is started.

Copy of original Invoice included w/RMA.

Start Date: _____

Complete Date: _____

Date Submitted to Sales Dept: _____

Technician: _____

ITEM #1. Part No: _____ **Qty** _____

Defect Description: _____

INSPECTION:

Un-Opened

Good

Defective

ACTION TAKEN:

Return

Provide Exchange

To Defective Inventory

To Good Inventory

ITEM #2. Part No: _____ **Qty** _____

Defect Description: _____

INSPECTION:

Un-opened Product

Good

Defective

ACTION TAKEN:

Return

Provide Exchange

To Defective Inventory

To Good Inventory

COMMENTS:

DO NOT RETURN INBOUND

STEP# 4 - SALES. DEPT.

Advance Return Inv: _____

Return Invoice Inv: _____

Credit Memo No: _____

GM Packing List No: _____

Ship Date: _____

Ship Date: _____

Credit Date: _____

Ship Date: _____

Shipping No.: _____

Shipping No.: _____

Shipping No.: _____

ACCOUNTING DEPT:

APPLY CREDIT