

**MyAOpen.com**  
1580 Boggs Rd, Suite 800  
Duluth, GA 30096  
Tel: 770-931-9968  
Fax: 770-931-9809

## Return Merchandise Authorization

Request received by \_\_\_\_\_ Received on \_\_\_\_\_

### Customer Details

|                |                       |
|----------------|-----------------------|
| Customer _____ | Company _____         |
| Email _____    | Phone _____ Fax _____ |
| Address _____  |                       |
| City _____     | State _____ Zip _____ |

### Product Details

| Model#      | Serial# | Qty   | Reason for Return | Invoice# | Date  |
|-------------|---------|-------|-------------------|----------|-------|
| _____       | _____   | _____ | _____             | _____    | _____ |
| _____       | _____   | _____ | _____             | _____    | _____ |
| _____       | _____   | _____ | _____             | _____    | _____ |
| Note: _____ |         |       |                   |          |       |
| _____       |         |       |                   |          |       |
| _____       |         |       |                   |          |       |

### For Internal Use Only

|                 |                       |                    |
|-----------------|-----------------------|--------------------|
| RMA# _____      | Replacement _____     | Credit _____       |
| Issued by _____ | Return rec'd by _____ | Completed by _____ |
| Issued on _____ | Return rec'd on _____ | Completed on _____ |