SEND BACK FORM FOR AUTHORIZATION NO. BEFORE RETURNING PRODUCTS
A 25% Restocking Fee will be charged for all Returns

MORRIS Products Inc.

RETURN MERCHANDISE REQUEST FORM

Customer	Phone	Fax	
Address	City	State	Zip
E-Mail Address	Requested By	Date	

Please complete form & return with copy of invoice(s) by Fax to 518-743-0536 or Email to info@morrisproducts.com

Item/Part #	QTY	Cost Each	Total $	Invoice#	Reason(If defective please provide details of issue)
Total:					

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Internal Use Only

RMA#	Issue Date	Received By	Received Date	Return Invoice #	Return Date

Prepared: _____ Reviewed: _____