

SEND BACK FORM FOR AUTHORIZATION NO. BEFORE RETURNING PRODUCTS

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 #	Q'ty	Cost Each	Total \$	Inv. #	Reason (If Defective Please Provide Details of Issue)
Total:					

Internal Use Only

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

Prepared: _____ Reviewed: _____