



Return Material Authorization

Return Authorization Number: _____ Date: _____
 Company: _____ Written By: _____
 Contact: _____ Account #: _____
 Phone #: _____ Fax #: _____
 Original PO#: _____ OTTO Sales Order#: _____

	<u>Part #</u>	<u>Quantity</u>	<u>Cost</u>	<u>Date Code</u>
1.	_____	_____	_____	_____
Problem: _____				
2.	_____	_____	_____	_____
Problem: _____				
3.	_____	_____	_____	_____
Problem: _____				
4.	_____	_____	_____	_____
Problem: _____				
5.	_____	_____	_____	_____
Problem: _____				

 AdditionalComments: _____

Credit Only

Customer did not want _____ Out of Box Failure _____ Field Failure _____

Restock Fee: YES NO (*Standard 20% Restocking Fee*)

Credit/Repair/Replacement Info

Non Warranty Scrap _____ Return as is _____