



Return Material Authorization

Date: _____ Return Authorization Number: _____

Company: _____ Written By: _____

Contact: _____ Account #: _____

Phone #: _____ Fax #: _____

Original PO#: _____ OTTO Sales Order#: _____

Replacement PO# _____

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

Credit Only

Customer did not want _____ Restock Fee\$ _____ (*Standard 20% Restocking Fee*)

Replacement Info

Warranty Repair _____ Warranty Replace _____

Non Warranty Repair _____ Price\$ _____

Customer has agreed to repair charge **YES NO** Date _____ Contact _____
(*Note: Applicable to a number of limited product lines.*)

Non Warranty Scrap _____ Return as is _____

Unknown Disposition Analysis Required Notify Customer Service _____

Out of Box Failure _____ Field Failure _____

AdditionalComments: _____
