



SCHMALZ RETURN AUTHORIZATION REQUEST

Date: _____

Company Name: _____ Customer #: _____ City: _____ State: _____

Contact Name: _____ Contact Email: _____

Contact Phone: _____ Customer PO#: _____ Schmalz Sales Order#: _____

Quantity	Part Number	Description

Reason for Return

- Wrong Item Ordered Demo Completed
- Other: _____

Description of Issue for Return, Repair, or Warranty:

*** Please allow 3-5 business days for processing.

FOR SCHMALZ INTERNAL PURPOSES

Request Approved?

Return Authorization # _____

- YES
- NO Reason:

Restock Fee?

- YES Standard 25%
- NO Other _____

A copy of an RA acknowledgment form with an RA reference number will follow. Please return the acknowledgment form with the returned material.

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