

			DATE:	
	Corsicana Return Mer	chandise Authorization	Request	
ACCOUNT NAME:	Retail Service Systems Inc		RMA#	
			NOTE:	
NOTE: ORIGINAL PURCHASE ORDER NUMBERS NOT				
REQUIRED FOR PROC	ESSING OF RETURN			
MERCHANDISE PICK-UP LOCA	ATION:			
	Retail Service Systems, Inc			
Street Address	:			
City	:	State:		Zip:
Warehouse Contact Name	:	Warehouse Contact E-mail:		
Warehouse Phone Number	:	Warehouse Fax Number:		
	-			
Product To Be Returne	ed (Use	a SEPARATE line for eac	ch piece be	eing returned)
	MFG DATE AND BARCODE MUST	F BE INCLUDED TO RECEIVE	PROPER CE	REDIT.
CORSICANA ITEM #	REASON FOR RETURN		QUANTITY	MFG DATE & BARCODE
	TOTAL QUANTITY BEIN	G RETURNED: #		

PIECES MUST HAVE LAW TAG ATTACHED TO RECEIVE CREDIT - REMOVAL OF LAW LABEL VOIDS WARRANTY

DRIVERS SIGNATURE: X

DRIVER #:

TRAILER #: LIST #:

SIGNATURE OF WAREHOUSE REPRESENTATIVE: X

DRIVERS SIGNATURE REQUIRED!!

A CORRECT MFG DATE AND BARCODE MUST BE LISTED TO RECEIVE CREDIT