Return Merchandise Authorization Form

Email form to: _____
Attention: _____
Fax form to: (718) 366-5818
Phone: (718) 456-8900
www.nemusa.com

RMA Steps: 1. Fill out this form completely 2.. Email or fax per above 3. Wait for RMA # and approval

For Office Use Only	Company Name:
	Account Number:
RMA Number:	Ship To Address:
Date RMA Issued:	City: State: Zip Code:
Processed By:	Requested By:
Item Returned: Yes / No	Email:
Date Received:	Phone: Fax:

Quantity	Item Number	Description	Inv. Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?

Return Reason Codes	Comments / Special Instructions
Record appropriate number in the "Reason Code" column above. 1. Wrong quantity received 2. Wrong merchandise received 3. Damaged in shipping 4. Duplicate order 5. Product defective 6. Customer not satisfied 7. Incorrect item ordered 8. Incorrect quantity ordered 9. Other	

If items need to be returned, please ship to the address below after receiving an RMA number :	For Office Use Only
N.E.M Electronics Corp. Attn: Return Department 52-05 Flushing Ave, Maspeth, NY 11378 RMA# _____	Credit Issued: Yes / No Credit Amount: Transaction Number: Date Issued: Issued By: Comments:

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