

Return Material Authorization Form

Complete and submit for approval to: sales@leftcoastwholesale.com

Use Adobe PDF Fill and Sign to complete this form



1800 Lombardi Lane Santa Rosa, CA 95407

Account Name:					
Contact Name: (First & Last)		Phone Number:		Email:	
Invoice Number:	PO Number:	Order Date:	Date Received:	Within Warranty? Yes [] No []	
Package Tracking Number(s):					
Package 1:			Package 2:		
Package 3:			Package 4:		
Product Information: [] Damaged [] Wrong Item [] Replacement [] Credit					
Qty:	Product Description:	Exp Date:	Qty:	Product Description:	Exp Date:
Batch Code:			Batch Code:		
Qty:	Product Description:	Exp Date:	Qty:	Product Description:	Exp Date:
Batch Code:			Batch Code:		
Qty:	Product Description:	Exp Date:	Qty:	Product Description:	Exp Date:
Batch Code:			Batch Code:		
Customer Claim Details:					
Return Package Info: Please use inches and pounds					
Package 1	Width x Height x Length:	Weight:	Package 2	Width x Height x Length:	Weight:
Package 3	Width x Height x Length:	Weight:	Package 4	Width x Height x Length:	Weight:
Evaluation (Office Use Only):					
Date Received:	Received By?	Claim Valid? Yes [] No []	Conclusion Method:	Customer Cost:	
RMA Internal Notes:					

*Include photos for shipping damages, defective or expired products.