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Supplier & Customer Return Request Form

Supplier return request	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date Opened: ___/___/___	Customer return request	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Supplier Name:	Customer Name:
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Purchase Order Number:	Sales Order Number:	Invoice Number:
Part Number:	RMA Quantity:	Account Manager:
Supplier Value:	Shipping Costs:	Customer Value:

Reason for Return

Faulty/Failed
 Not Received
 Wrong Quantity
 Wrong Price
 Wrong Parts
 Cancelled Order

Details for return:

Responsibility:
 Supplier
 Account Manager
 Courier
 Goodwill

Action Taken with Supplier	Action taken with Customer
<input type="checkbox"/> Scrapped <input type="checkbox"/> Kept in Stock <input type="checkbox"/> Reported to ERAI <input type="checkbox"/> Returned	<input type="checkbox"/> Order Cancelled <input type="checkbox"/> Replaced <input type="checkbox"/> Customer Kept <input type="checkbox"/> Re-Sourced

SRMA Number:	CRMA Number:
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Name:	Signature:
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Position:	Date:
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