RETURN MERCHANDISE AUTHORIZATION

AUTHORIZATION NUMBER: RMA

AUTHORIZATION DATE:

ORIGINAL CUSTOMER PO:

CUSTOMER DETAILS

Company: Contact:

Address:

City / State / Zip:

Phone / Fax: Email:

ITEM	S/N	QTY	REASON FOR RETURN	INV	DATE
					1/2/2025

*****ALL PRODUCTS MUST BE RETURNED UNDAMAGED*****

25% Restock Fee Applied: ○ Yes ◉ No

Restock Fee: Amount to be Credited:

RMA Issued By: Date:

COPIES OF THIS RMA DOCUMENT MUST BE INCLUDED WITH ALL RETURNS

RETURN ADDRESS:

TBWC c/o BLANCHARD ASSOCIATES

2591 LINDSAY PRIVADO DR. ONTARIO CA 91761

This is not an approval of credit or refund. If after review of the returned product, it is appropriate to issue a credit, a credit memo will be mailed to you.