



RMA# _____

MUST BE ON ALL PACKAGES BEING RETURNED.
SO WE CAN CREDIT YOUR ACCOUNT
ACCORDINGLY.

RETURN MERCHANDISE REQUEST FORM

1. Please complete the information requested below, so we can issue your RMA#.
2. All information must be completed (**invoice# or your PO# important to fill out**) or requests for credits and/or returns will not be processed. Incomplete requests will not be processed.
3. When completed please fax back attention customer service to fax you back with RMA #. All returns are subject to restocking fee/re-box fee based upon condition of the material. Active items will be credited in full upon inspection. The RMA# provided is valid for 30 days only. If material has not been returned within the 30 days period, the RMA will then be void and payment is due.
4. Return products can only be returned within 90 days of invoiced date. No exceptions.

All boxes must have a copy of this form inside each box and be marked with RMA# issued.

COMPANY NAME: _____ ACCT# _____
 CONTACT: _____ DATE: _____
 ☎ PHONE#: _____ 📠 FAX#: _____

ORDER #	PO#	INVOICE#	ITEM#	QTY	REASON FOR RETURN	OFFICE USE ONLY FOR APPROVAL

ACTION REQUIRED

RETURN FOR CREDIT
 REPLACE
 OTHER _____

COMMENTS: _____

PLEASE FAX RMA FORM TO CONFIRM PROCESSING

CUSTOMER SIGNATURE: _____ DATE: _____

 DATE FAXED: _____

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