

RETURN MERCHANDISE AUTHORIZATION FORM

(OFFICE USE ONLY)

Global Headquarters in Grand Rapids, Michigan U.S.A. P: (616) 228-0650 4050 Roger B. Chaffee Mem. Blvd. SE F: (616) 228-0640 Grand Rapids, MI 49548 USA				Please enclose a copy of this form and original invoice along with the returned product.		REJECTED CREDIT PRODUCT REJECTED CREDIT SHIPPING RMA DATE:			
CONTACT FAX OR EMAIL THIS FORM TO INFO@LEHIGHVALLEYABRASIVES.COM									
First Name: Last Name:									
Email:	Email:								
Telephone:				Extension:					
BILLED TO				1					
Company Name:									
Address:									
City:				State/Province:					
Country:				Zip Code:					
SHIPPED TO	OMPLETE IF DIFFER	ENT FROM SHIPPING	INFORI	MATION [SAME	AS BILLING INFORM	ATION		
Company Name:									
Address:	Address:								
City:				State/Province:					
Country:				Zip Code:					
YOUR ORDER FILL OUT COMPLETELY TO ENSURE TIMELY DELIVERY. FAX OR EMAIL TO SALES@LEHIGHVALLEYABRASIVES.COM									
ITEM #	PURCHASE DATE	ORDER #		PO #	QTY	UNIT PRICE	TOTAL	_	
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								STOCK ITEM	
								_	
LESS RESTOCKING/HANDLING & INSPECTION FEE (%OR \$25 MINIMUM) Product must be received within 30 days from the original ship date. Restocking fees vary by manufacturer. Please allow 7-10								_	
business days for returns to be inspected and credited once received. Your refund will be credited to the original payment method used. The customer is responsible for return freight and will not be refunded original outgoing freight charges unless LESS RE-STOCK:								_	
item is defective or damaged during original outgoing shipment. For more information, see our full return www.lehighvalleyabrasives.com/return-policy.				ırn policy online at		TOTAL AMOUNT		_	
		DESCI	RIPTIO	N OF ISSUE	E				
		OF	FICE U	SE ONLY					
FUTURE ACTIONS (SELECT ALL THAT APPLY)					STAFF NOTES				
CREDIT ACCOUN	COMPLETED BY:								
REFUND SCRAP				LABEL CREATED BY:					
REPLACE RETURN TO MANUFACTURER					PRODUCT CHECKED BY:				
MANUFACTURER RMA#: RETURN/CREDITED BY:									