

RA # _____

RTS IMAGING

Cartridge / Evaluation Return Form

CUSTOMER CODE:	DATE:
CUSTOMER NAME:	
CUSTOMER PH:	EMAIL:
CONTACT NAME:	
PICK UP ADDRESS:	

QTY	BATCH NUMBER	PRODUCT CODE	INVOICE NO.	PRICE	REASON FOR RETURN	WAREHOUSE USE	
						UNOPENED UNDAMAGED	RETURN TO STOCK
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No
						Yes / No	Yes / No

CIRCLE TOTAL NUMBER OF CARTONS TO BE CREDITED, COLLECTED OR RETURNED: 1 2 3 4 Other Amounts:

OFFICE USE ONLY:

Please Circle

Restocking Fee Applicable	YES	NO	
Freight Charge Applicable	YES	NO	
Credit	YES	NO	Credit No.