



Return Authorization Request Form

e-mail to: customerservice@officeperfect.com

Customer Name: _____ Company : _____

Address: _____

City _____, State _____, Zip _____

E-mail: _____, Tel # _____

Date of Purchase: ____/____/____ Invoice # _____

Item needs to be returned: _____

Barcode: _____ Price on Invoice: \$ _____

Serial #: _____

Return for (check one): Credit _____ Replacement _____

Reason of Return / Description of Problem (Please provide details):

I have read OfficePerfect, Inc.'s return policy, and understand all the terms & conditions.

Signature: _____ Date: _____

This Section is for OfficePerfect Staff Only:

Received date: _____ Received Location: _____

Inspected By: _____ Condition: _____

Accepted, RMA # _____

Rejected, Reason: _____

_____. By _____