



# Return Authorization Request Form

e-mail to: [customerservice@officeperfect.com](mailto: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 \_\_\_\_\_