Quadrangle Products Inc.

RMA Request Form

Date:
Company Name:
Address:

Phone:
Fax:

RMA#:

Contact Information

DATE	CONTACT	E-MAIL

PURCHASE ORDER NUMBER	ORIGINAL INVOICE NUMBER

QD PART #	REASON FOR RETURN	QUANTITY
	Internal Use Only ***RETURN REPORT*** *Internal Use Only*	

Date Received	Received by	Quantity Rec'd

Repaired by	Repair Notes	Repair Date

	BILLING/SHIPPING INFORMATION	
Credit Memo #	**Unit Price**	**Total**
Rebill Invoice #	**Unit Price**	**Total**
	RMA Returns will be shipped to Company address above. If return shipping address	
	not the same as above please fill out return shipping information below:	

Please return this form to Gayle Stamer at gayle@quadrangleproducts.com

Thank you

28 HARRISON AVENUE BLDG. 16, SUITE D ENGLISHTOWN, NJ 07726