



RMA #: _____
 Date: _____
(RMA to be assigned by ValueRail Customer Support)

REQUEST TO RETURN MATERIAL

Your Name:
 Company:
 Address:
 City:
 State: ▼ (select State)
 Zip: (enter 9-digit zip code)
 Telephone:
 Fax:
 E-Mail:

Original ValueRail™ Order Number:

Your P.O. Number or Reference Number (Optional):

Card to Credit: AmEx VISA MasterCard Discover

Name on Card:

Card Number: _____

Exp. Date: ____ / ____ Security Code: ____ (from back of card)

We request authorization to return the following materials:

Quantity	Part #	Description	Unit Price	Extension
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Return Value and Total Credit Amount will be determined by ValueRail Customer Support.

RETURN VALUE:
 25% RESTOCKING CHARGE:
 TOTAL CREDIT AMOUNT:

Reason for Return:

Your request will be processed promptly and you will be advised of your Return Authorization Number (RMA) which must be referenced on your return shipping paperwork. **Upon receipt of authorized goods, we will inspect the material and confirm the appropriate credit to your charge card. There is a 25% restocking charge and goods must be returned freight prepaid.**