



Temple

800.633.3221
www.temple-inc.com

Integrity Service Relationships

TEMPLE RMA FORM (Please do not use this form for Repairs)

RMA
DATE:
Original ORD#
Customer PO#
Billing Address (if different from shipping address)
Company:
Street Address:
City/State/Zip:
Contact:
Email:

CALL TAG ADDRESS

Company:
Street Address:
City/State/Zip:
Contact:
Email:

RETURNING MATERIAL

	QTY	Item# / Description	S/N	Problem	Warranty Y/N	RTN Code	Credit Price	Extended	Return Approved or Denied by
1									
2									
3									
4									

RETURN CODE Required (Record RTN CODE IN column above)

01. Incorrect quantity	06. Product defective	11. Incorrect item ordered by customer
02. Incorrect material received	07. Shipment arrived late	12. Incorrect quantity ordered by customer
03. Purchased from other suppliers	08. Product differs from requirements or submittal	13. Non-functioning out-of-the-box (DOA)
04. Damaged Shipment	09. Related items not shipped	14. Other
05. Duplicate order	10. Customer not Satisfied	

Exchanging Material (Use this address for SHIPPING)

Exchange Material WO#
(office use only)

Company: Street Address: City/State/Zip: PHONE: CONTACT: EMAIL:	
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	QTY	Item#	Description	Unit Price	Extended Price
1					
2					
3					
4					

Temple Office USE ONLY

Restock Charge		Call tag issued by Temple	Return to Stock
Credit upon return & Review	Y N	Send Replacement	Warranty
Credit Amount:		From Temple from Vendor	Shipping Paid by
List Comments below:			Temple Customer