Return Merchandise Authorization Form



Email form to: customerservice@performexweb.com Attention: Returns Phone: (956) 630-5438 www.performexweb.com

RN	//A Steps: 1. Fill out th	is form complet	ely 2. Prepare a copy of the sa	lles invoice(s) for defective good(s)	3. Email or r	mail together.
For Office Use Only RMA Number:			Company Name:			
			Account Number:			
			Ship To Address:			
Date RMA Issued:			City: State: Zip Code:			
Processed By:			Requested By:			
Item Returned: Yes / No			Email:			
Date Received:			Phone: Fax:			
Quantity	Part Number		Description	PO Number (if applicable)	Reason Code	Credit or Replace
Return Reason Codes Comments / Special Inst			Comments / Special Instruction	ons		
Record appropriate number in the "Reason Code" column above.						
1. Wrong quar 2. Wrong merc 3. Damaged in 4. Duplicate or 5. Product defe 6. Customer no	chandise received shipping der ective					
7. Incorrect ite 8. Incorrect qu 9. Missing Part 10. Other	antity ordered					
If items need to be returned, please ship to the address below <u>after</u> receiving an RMA number:				For Office Use Only		
				Credit Issued: Yes / No		
Performex™ Industrial, Inc.				Credit Amount:		
200 N McColl Ste Q, McAllen, TX 78501				Transaction Number:		
Contact: Jay Callaway				Date Issued:		
(956) 630-5438 jay@performexweb.com				Issued By:		
9AM-6PM Monday to Friday				Comments:		
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