



RETURN MATERIAL INFORMATION REQUEST FORM

DATE: _____ FAX/EMAIL: _____

CONTACT NAME: _____

COMPANY NAME: _____

ADDRESS/LOCATION: _____

Product Code	Lot Number	No. of Packages/ Total Weight	Reason for Return
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Product should be in the original packaging, if not please provide original shipment information: original Item Number, Packaging, Lot Number and PO Number. **

Michelman Sales Authorization: _____

Shipping Terms: _____

Restocking Fee: _____%

Required Customer Approval: _____

(Based on Terms and Conditions Stated Above)

This document is a request for a return and being used to validate the quantity, lot #, and product name of material that is being returned. You will be contacted via customer service with an assigned RMA # once approval is received.