6191 W 400 N GREENFIELD, IN 46140
P:317-891-1056 F:317-891-1298

RMA (Return Materials Authorization)

DATE: _____ **INV#** _____

ORG. PO# _____ **FREIGHT PO#** _____

REP: **CREATED BY:**

RETURN INFO:

COMPANY: RFE Distribution **ZIP:** 46140

ADDRESS: 6191 W 400 N **PHONE:** 317-891-1056

CITY: Greenfield **FAX:** 317-891-1298

STATE: IN

SHIPPING INFO:

Shipping Contacts: Jason Lowe: jlowe@rfedistribution.com

Jerry Ingalls: jingalls@rfedistribution.com

PRODUCT DETAILS:

QTY	*ITEM/PART#*	*DESCRIPTION*	*REASON FOR RETURN*	*CREDIT*	*OTHER INFO*