



**HUMBOLDT WHOLESALE RMA FORM
(RETURN MERCHANDISE AUTHORIZATION)**

Please fax to: (707) 822-2793

Warranty Department: (707) 840-0999 Ext. 715

Date: _____

RMA #: _____

Contact: _____

Company Name: _____

Phone #: _____

Pick Up Address: _____

City: _____

ALL ITEMS MUST BE RETURNED WITH THE CUSTOMERS PURCHASE RECEIPT

Enter each item separately, please be descriptive. Be sure to provide all product components (i.e. cords, sockets etc.) for a full return.

Qty	Item Code (1 item per box)	Description of Problem	*Serial Number*	Invoice Number	Credit/ Replace?	Warehouse REC'D

Please enter your outgoing box dimensions below.

Box #1 L: _____ W: _____ H: _____ wt: _____

Box #2 L: _____ W: _____ H: _____ wt: _____

Call Tag: _____

Warehouse Comments: _____

Date: _____ Initials: _____ Outgoing Boxes: _____