B&C Specialty Products
123 East 4th Street · Newton, KS 67114 · (316) 283-8000

Return Merchandise Authorization (RMA) Form

REASON FOR RETURN (CHECK ONE):
☐ WOULD NOT FIT ☐ DAMAGED IN SHIPPING ☐ ORDER ERROR ☐ OTHER

REQUESTED ACTION (CHECK ONE):
☐ REFUND ☐ EXCHANGE

REQUESTED CONFIRMATION (CHECK ONE):
☐ E-MAIL ☐ PHONE ☐ NONE

DESCRIPTION OF THE ISSUE
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

ITEM INFORMATION:
Product/Model Number: ________________________________________________
Serial Number (if serialized): ____________________________________________
Purchase Date: ___/___/___ Installation Date: ___/___/___ B&C Invoice No: _______

CONTACT INFORMATION:
Name/Company: __________________________________ Contact: ______________
Billing Address: _________________________________________________________
City: ____________________ State/Country: ____________ Zip/Postal Code: _______
Phone: ____________________ E-mail: ________________________________

YOUR RMA NUMBER:
Today’s Date (MMDDYY) MMDDYY + First three letters of last name/company ABC
For example, if Pat Smith returned an item on May 15, 2017, the RMA would be: 051517SMI

Please retain a copy of this RMA form for your records