

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

DESCRIBE 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