

Return Merchandise Authorisation Form (RMA)

Customer name

Contact number

Goods relating to invoice
number

Purchase order number

Quantity

Item code

Description

Reason for return

Further details

Action required (to be filled in by Bella Vista rep
or by rep's instruction)

Credit Comment.....
.....

Re-stock Does a re-stocking fee apply? Y / N (state why)
.....
.....

Re-invoice Comment.....
.....

Name.....

Signed..... Date.....

Returns checklist

1. Is packaging in resalable conditions?
2. Apply for RMA number
3. Arrange return of goods to Bella Vista
4. Credit or replacement item to be supplied to Bella Vista Customer