



66 Stamp Farm Rd Cranston, RI 02921

1-800-915-3141

Return Authorization Form

Name: _____

Date: _____

Address: _____

Phone: _____

Order Number (if applicable): _____

RMA Number: _____

Part Number	Qty.	Invoice Number	Reason / Remarks

Please also include a copy of your invoice

***To receive credit all returns must be in New and Saleable Condition and be in their original packaging.
Cores must be returned in their original packaging and be drained of all fluids (if applicable).***