

# Truex Lighting

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## Return Materials Authorization

Distributor Details		
Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Zip _____

Customer Details (Customer of Distributor)		
Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Zip _____

Rep Details		
Company _____	Contact _____	ID _____
Address _____	Phone _____	Fax _____
_____	Email _____	_____
City _____	State _____	Zip _____

**Product Details**

Your P.O. #	Truex Model #	Qty	Reason for Return	Truex Invoice #	Date of Invoice
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**For Truex internal use only**

RMA #	_____	Restocking fee	_____	Credit amount	_____
Issued by	_____	Return rec'd on	_____	Credit issued by	_____
Issued on	_____	Return rec'd by	_____	Credit issued on	_____
Good until	_____			Replacement sent	_____