

# WHOLESALESTORY

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## RMA REQUEST FORM

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Telephone#</b>	
<b>eMail</b>	
<b>Date</b>	

	Item#	Quantity	Reason for Return			
			Damage	Defective	Wrong Item	Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

**Comments:**

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