RETURN AUTHORIZATION FORM

Date: _____

RA Number: _____

Please fill in non-highlighted sections.
Please clearly mark the RA Number on the outside of each box.
Returns are not accepted without an RA Number on each box.
Include a completed copy of this form with product being returned.

Ship to:

WAU
Attn: RMA Department
6741 Corporation Parkway
Ft. Worth, TX 76126

Contact _____

Company _____

Address _____

_____

City _____ State _____ Zip _____

Telephone _____ Fax _____

email _____

WAU Part Number	Product Description	Type of Return	Reason or Type of Defect	Qty. Return	Individual Price	Total Price	Date of Purchase	WAU Input
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		

RMA total: $0.00

Type of Return is defined as: **D** (Defective), **S** (Stock BalancingRequest), **O** (Other, please explain)

Please check (one) for approved action for any items returned that were not WAU purchases

☐ Return non-WAU items at customer's expense
☐ Discard non-WAU items at WAU facility

Please note that RA numbers will not be issued when form is improperly completed. Please allow 48 hours for receipt of RA number once form is received. Any credits issued will be at the most recent purchase price. Non-defective items for credit must be done within 30 days of original date of purchase. Credit will not be issued nor replacement approved for any items that are outside the warranty period or not compliant with any warranty condition. Questions may be directed to 800.586.5675. In case of WAU approved stock balancing; please note the amount credited will be posted for product's bulk value and not for retail packaging options. Please email RA requests to your appropriate sales representative.