



Barreto Manufacturing, Inc., 66498 Hwy 203, La Grande, OR 97850

R M A

Returned Merchandise Authorization

X/WORD/FORMS

**ATTENTION!!** YOU MUST COMPLETE THIS FORM AND INCLUDE IT WITH ANY RETURNED MERCHANDISE OR NO REFUND WILL BE PROCESSED!

ACCT NO: \_\_\_\_\_ (IF AVAILABLE) **\* REQUIRED FIELDS**

\*STORE NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY/STATE/ZIP: \_\_\_\_\_

\*CONTACT NAME: \_\_\_\_\_ \*PHONE: \_\_\_\_\_

\*BILLING NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_

\*CITY/STATE/ZIP: \_\_\_\_\_

\*DESCRIPTION OF PART RETURNED: \_\_\_\_\_

\*REFERENCING PACKING SLIP OR INVOICE NUMBER: \_\_\_\_\_

PART NUMBER (IF KNOWN): \_\_\_\_\_

REASON FOR RETURN: \_\_\_\_\_

IS THE RETURN RELATED TO A REPAIR COVERED BY WARRANTY?

YES NO (CIRCLE ONE)

**IF YES:**

\*MODEL NUMBER OF MACHINE: \_\_\_\_\_

\*SERIAL NUMBER OF MACHINE: \_\_\_\_\_

\*DATE PURCHASED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PLEASE CALL 800-525-7348 FOR ASSISSTANCE IN FILLING OUT THIS FORM