P I R SALES, INC.

SPECIFICATIONS ◊ SALES ◊ SERVICE

www.pirsales.com

RMA#_____

Please make sure to save your copy before sending it or we will get a blank form.

Return Authorization Request

***All items marked MUST be filled in to have a timely turn around for your request**

***Manufacturer:**	***Date:**
***FROM: (Customer):**	***Phone #:**
***City, State (Branch):**	**Fax #:**
***Contact Name:**	***E-Mail**

***Original PO#:**	**PO Date:**
***Invoice #:**	***Invoice Date:**
Order #:	

*Qty	*Item Code	*Item Description	*Serial or Code #	*Reason for Return:

Please send completed form to returns@pirsales.com

3050 N. San Marcos Pl. • Chandler, AZ 85225 • 480-892-6000 • fax 480-892-6096

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