

Return Item Form - Goodlin Systems

Rep./Vender Name _____ Date of Purchase _____

Goodlin Systems RMA # _____ Goodlin Systems Original Invoice # _____

Any Internal Customer/Rep Ref #'s _____

Location / Customer Name _____

Address _____ State _____ Zip _____

(Customer or Rep's)
Contact Name _____ Phone # _____

Description of Item(s):

Reason For Return:
 Defective Wrong Part Damaged Returning for Repair
Other _____

Action Requested:
 Credit Replace/Repair Evaluation
Other _____

***** Following is for GSI Office Use *****

Returned Date _____
Serial #(s)

Condition: Repairable As New Sellable Damaged Beyond Worth
Other Notes: _____

Action To Return:
 Credit Replace/Repair SOL
Other _____

