



M.S. KENNEDY CORPORATION

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CUSTOMER RETURN AUTHORIZATION

RMA # _____ DATE: _____

SECTION A: TO BE COMPLETED OR ANSWERED BY THE CUSTOMER AND RETURNED TO MSK FOR RETURN AUTHORIZATION NUMBER (RMA #).

CUSTOMER: _____
CUST PN: _____
MSK PN: _____
CUSTOMER PO# _____ QUANTITY: _____
[] YES [] NO CUST RETURN PO # _____
[] YES [] NO CUST RETURN WORK ORDER # _____
[] YES [] NO CUST INTERNAL RETURN CONTROL # _____
[] YES [] NO DEBIT ACCOUNT; IF YES, RECORD DEBIT # _____
[] YES [] NO INVOICE TO NEW PO# _____
[] YES [] NO INVOICE TO CURRENT PO# _____
PACKLIST # _____
SHIPPING/BILLING INSTRUCTIONS:
SHIP TO: _____

BILL TO: _____

REASON FOR RETURN (CHECK APPLICABLE BOX):
[] REWORK/REPAIR: CUSTOMER ACCEPTS RESPONSIBILITY
[] REWORK/REPAIR: RESPONSIBILITY TO BE DETERMINED
[] FAILURE ANALYSIS ONLY
[] OTHER _____

COMMENTS: _____
FAILURE MODE: _____
CUST CONTACT: _____ PHONE: _____
E-MAIL: _____ FAX: _____

SECTION B: TO BE COMPLETED BY MSK AND RETURNED TO CUSTOMER WITH RETURN AUTHORIZATION NUMBER.

DATE PARTS RECEIVED: _____ QTY RECEIVED: _____
COMPLETE DATE CODE, SN, CONTROL NUMBER TRACEABILITY AND COPY THE SALES AND MSK BILLING DEPARTMENTS
NOTE/COMMENTS: _____
CLOSE OUT INFORMATION: COMPLETE STATUS FOR EACH DEVICE (REJECT, RETURN AS IS, SCRAP, RETURNED)
INVOICE #: _____ DATE: _____ INVOICE #: _____ DATE: _____

Table with 5 columns: DATE CODE, TOP SN, CONTROL NUMBER, STATUS, ORIGINAL PO. Header: MSK TO COMPLETE. Multiple empty rows for data entry.