

RMA FORM

Office Use **ONLY**

RMA #:

TODAY'S DATE: / /

1221 Champion Cir. Suite 115
 Carrollton, TX 75006

3340-D Greens Rd, Ste. 200
 Houston, TX 77032

(972) 236-7470
 (877) 228-EXUS(3987)

FAX: (972) 242-5224
 RMA@ExusShutters.com

ACCOUNT #:			
COMPANY NAME:		CONTACT PHONE #:	
CONTACT:		ORDER DATE:	
ORDER #:		SIDE MARK:	
LINE NUMBER(S):			

Please fill out section below for freight damage **ONLY**

DATE OF CLAIM:		RECEIPT OF SHIPMENT DATE:	
CARRIER NAME:			
DELIVERY RECEIPT/BILL OF LADING #:			
DAMAGED BOX QTY:		ITEM PANEL QTY:	
(DELIVERY LOCATION) ADDRESS:			
CITY:		STATE:	
		ZIP:	
ITEMS TO SUBMIT (MUST HAVE!): <input type="checkbox"/> BILL OF LADING <input type="checkbox"/> PICTURES <input type="checkbox"/> DELIVERY RECEIPT NOTING DAMAGE			

CONCEALED DAMAGE MUST BE REPORTED WITH COMPLETED RMA FORM **WITHIN 5 DAYS** OF RECEIPT OF SHIPMENT

ACTION TO BE TAKEN: