



NORTH STAR PRINTING
RETURN MATERIAL AUTHORIZATION (RMA)
PACKING SLIP

COMPANY INFORMATION

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

RMA INFORMATION

North Star Printing Sales Rep: _____

Purchase Order No: _____ Job No: _____

Quantity Being Returned: _____

CUSTOMER SIGNATURE

Print Customer Name: _____

Customer Signature: _____ Date: _____

By signing this document, you agree that the quantity listed above is correct.

NORTH STAR PRINTING DRIVER SIGNATURE

NSP Driver Signature: _____ Date: _____