



NORTH STAR PRINTING

RETURN MATERIAL AUTHORIZATION (RMA) FORM

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: _____

Reason for Return: _____

RMA APPROVAL

Signature: _____ Date: _____

RMA No: _____ Date Issued: _____

MATERIAL DISPOSITION

Destroy / Recycle

Sort & Return Good Material

Comment: _____
