

Dear Customer:

Please complete this form & return to the following email address: postsalesteam@aafintl.com

Date			
Contact Name			
Company Name			
Telephone			
Email			
Customer PO#			
Sales Order #			
apply:ShortageOverage	eDamag	jeDefec	tiveRMA RequestPricing
Please check how you wouldCredit OnlyCredit & ReplaceKeep and Invoice for CSchedule 'Pick up' for) Verage		e resolved:
Item Number	Ordered Qty	Received Qty	Discrepancy Type: Short, Over, Damaged
Notes:			

Please include a copy of your packing slip

If applicable please include pictures of damaged items

^{*} Request for product returns must be submitted within 30 days of order delivery*