



# RETURN AUTHORIZATION FORM

MTH MANUFACTURING INC.

PH: 705-812-2982

RMA Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Contact: \_\_\_\_\_

**Return Information:**

1. Part Number: \_\_\_\_\_

(Attach separate sheets if necessary)

2. Quantity Returned: \_\_\_\_\_

3. Reason for Return: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defect Confirmed:  No Defect Found:

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**Disposition:**

Credit: \_\_\_\_\_ Scrap: \_\_\_\_\_ Repair & Return: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Form: FXXX Rev: A  
Form Location: Data (S:) ISO 9000/ISO System-Released/Forms  
Completed Forms: Data (S:)/RMA