



**HASCO, INC**

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# RMA Request Form

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

Part Number:	SN / DC:	Qty. Received:	Qty. Rejected:

Purchase Order # / Line #:	Evaluation performed by:

<b>Description of Non-Conformance (Required)</b> Please provide pictures, test data or any other documentation of failure & note any attachments below:
<b>Customer Disposition:</b>
For Office Use Only Approve Issue of RMA by: _____ Date: _____ Quality
RMA #: _____

Document: QF-116	Revision: New Release	Issue Date: 12/22/2017	
Issued by: Todd Cates	Title: Q.A. Manager	Approved by: Fred Brown	Title: President