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SPECIAL ITEM – RETURN FOR CREDIT APPLICATION (SI-102)

This application must be submitted and approved before any item can be returned for credit. Submit manual copy by fax.

If you wish to fill out this information in an email format, request form # SI-100 and submit by email.

Company Name: _____ Account Name: _____

Shipping Address: _____ City, State, Zip: _____

Person requesting a return: _____ Position: _____

Contact Phone #/Ext.: _____ / _____ FAX: _____

Original Purchase Order #'s of parts being requested: _____

Part Number(s) and Quantity(s) of parts being requested: _____

Reason for requesting the return of these parts: _____

This section to be filled in by PFD reviewer – ONLY.

P/N(s) have been ordered by another customer in the past 3 months? Yes No
 P/N(s) have been stocked previously in the past 6 months and have been sold? Yes No
 Is quantity >= 2M? Yes No Were parts shipped other than Ground (normal)? Yes No
 Did customer order same P/N(s) more than once in 6 months? Yes No If yes, then how many orders were placed in the past 6 months? _____
 Has customer returned any parts before? Yes No . If so, for what reason (RMA #): _____
 Has customer ordered parts that they later reported were the wrong P/N or the wrong color? Yes No If yes, did they request for those parts to be returned? Yes No
 What is your recommendation for these parts? _____

Reviewer Name: _____ Date: _____ Time: _____

Application Approved Disapproved: (reason): _____

Manager: _____ Date: _____ Time: _____

Approval RMA #: _____ Date/Time (customer was notified) _____

Email FAX Telephone Mail

Amount of Credit to be allowed per/M if approved. Date Parts received, restocked, credits issued: _____

NOTE: ALL CREDITS will be issued to the account balance ONLY. NO refund checks will be issued for returns.