# Return Merchandise Authorization (RMA) Form

**Metro Roof Products**
3093 'A' Industry Street
Oceanside CA USA 92054
Tel: (760) 435-9842
**ORDER-Fax: (760) 435-1162** GENERAL Fax: (760 435-9412

***Attn:*** _____ ***Pg.*** ____ ***of*** ____

**Returns must be 12-months old or less and first be issued a Return Merchandise Authorization ('RMA') # from Metro BEFORE they can be accepted. Returns without an RMA # WILL NOT BE ACCEPTED. PREMIUM colors returned will be charged 30% & STANDARD colors returned will be charged 20% Re-Stock fee. All returns must be a minimum of $50 of Metro product or accessories wholesale value based on original Metro invoice price. All material must be inspected and in an acceptable re-saleable condition and returned freight pre-paid (by the customer) to Metro Oceanside or where directed by Metro. Returned product that is deemed not sellable after inspection, will be returned freight prepaid by the distributor and may be marked by Metro to ensure the damaged product can be identified for future reference. Metro at its sole discretion shall determine if it will provide full or limited warranty on the returned product.**

Metro Return Merchandising Authorization (RMA) Policy steps for Distributor &/or Metro Rep to perform:

1- RMA Form faxed to Metro requesting an RMA# be assigned for Metro receiving department.
2- All returns require Metro verification that the invoice date is no older than 12-months (or less), an RMA # can then be assigned & faxed to the customer.
3- Customer to ship product to Metro, Oceanside unless instructed otherwise and to include signed completed RMA form and RMA #.
4- Metro receives returned material with completed RMA# / Form and inspects material for good saleable condition.
5- Metro completes inspection of the material condition and quantity returned.
6- Metro issues customer credit based on inspection noted above.
7- RMA# is used for receiving and does not validate that a credit will be provided.

* ***Returns without an RMA # WILL NOT BE ACCEPTED.***
* ***Complete a Metro RMA form and fax to Metro for an RMA # to be assigned.***
* ***Include a copy of the RMA form with the return paperwork, in order for Metro to properly accept receipt of the returned products.***

**Metro RMA # Assigned**

COMPANY: _____ STATE _____

CUSTOMER SIGNATURE (Required) _____
*(Signature of person completing form)* *(Print Name)* *Date*

CUSTOMER PH (Required) ___ — ___ — ____

CUSTOMER FX (Required) ___ — ___ — ____

| METRO PROOF OF PURCHASE INFORMATION | | | | QUANTITY INFO | | | RE-STOCK FEE | |
|---|---|---|---|---|---|---|---|---|
| INV # | INV. DATE | ITEM # | DESCRIPTION | QTY Returned | YES | NO | Y / N | % |
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Metro Rep Name: _____ Metro Rep Signature & date of Inspection: _____

**Metro Rep RMA Steps: (These must be performed by the Metro Rep PRIOR to any material leaving the distributors location)**

A) Note your name, Sign & Date form above
B) Digital Pics of stored material in Dist loc.
C) Digital Pics of typical pallet of stored material
D) Digital Pics of typical material from pallet
E) Digital Pics of typical material from Trim Boxes or 10-pcs trim packs

***(REP NOTE if material is stored or was stored outside Metro may refuse return on grounds of water stain damage inside wrapped pallets/boxes)***

**FACTORY USE ONLY! Inspection completed by:** _____ **Date:** _____

*Use additional sheets as ncessary*