



Customer Return Merchandise Authorization Form (RMA) *Please Fill Out All Fields in Print

RMA#:

CoffeeWiz Order #:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Returned Merchandise (List
Product(s)):

Reason for Return:

Preferred Item to Replace (If not an exact
replacement):

Ship Replacement Merchandise To:

Ship to Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____