



RMA #: \_\_\_\_\_

"SALES" RETURN MERCHANDISE  
AUTHORIZATION REQUEST FORM

Atlanta Fax: 770-932-7292  
Sales Fax: 877.885.4002

Date of RMA Request: \_\_\_\_\_ DSM Requesting: \_\_\_\_\_

Dealer Name: \_\_\_\_\_ Dealer Acct. # INT015

Dealer Contact Name Requesting RMA: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Model #	Qty	Viking Invoice # (One RMA # Per Invoice)	Invoice Date	Serial #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Reason for Return:**Ordered Incorrectly ☐Customer Cancelled ☐Damaged/DSM  
Accommodation ☐Shipping Error ☐Order Entry or DSM Error ☐Duplicate Shipment ☐**Condition of Merchandise:**New In the Box and  
Re-sellable Condition ☐Damaged ☐Manufacturer Mislabeled ☐

If damaged, explain exact details of damage and location of damage: \_\_\_\_\_

If Manufacturer mislabeled, digital picture must be attached, explain details: \_\_\_\_\_

If DSM Accommodation, explain details: \_\_\_\_\_

Restock Fee/Loss of Damage Fee to be charged: 15% \_\_\_\_\_ 25% \_\_\_\_\_ 40% \_\_\_\_\_ 50% \_\_\_\_\_

Product Return by Dealer: ☐Product Return by Viking: ☐

DSM Approval: \_\_\_\_\_ VP of Sales Approval: \_\_\_\_\_

Viking DSM fills in that field when the dealer supplies the Model and serial they are requesting to return.  
If the you aren't sure what to put in the above fields, leave them blank and the Viking DSM's will guide you.