SONOMA COUNTY VINTNERS CO-OP

FAX TO 838-2454

RETURN MATERIAL AUTHORIZATION

DATE:_____

RMA NUMBER (Assigned by Co-op) :_____

WINERY:_____

WINERY CONTACT PERSON:_____

ORDER NUMBER:_____

PRODUCT CODES OF RETURNED PRODUCTS									CASES	BOTTLES	LANE (CO-OP)

IF PRODUCT APPEARS TO BE IN GOOD CONDITION PLEASE:

☐ PUT INTO CO-OP STOCK ☐ RETURN TO WINERY FOR INSPECTION

FAX # OF TRUCKING COMPANY AND/OR VENDOR: _____

AUTHORIZING CO-OP EMPLOYEE: _____

CO-OP WAREHOUSE INFORMATION

WERE ANY CHANGES MADE ON THE R.M.A. YES ☐ NO ☐

WHAT IS THE CONDITION OF THE PRODUCT: _____

_____

_____

_____

R.M.A. PROCESSED BY: _____ DATE: _____