



## Return Merchandise Authorization

**ORDER ID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(NPP Office Use Only)

**PLEASE COMPLETE THE FOLLOWING FIELDS:**

AGENT: \_\_\_\_\_

MERCHANT NAME: \_\_\_\_\_

MERCHANT NUMBER: \_\_\_\_\_

EQUIPMENT TYPE: \_\_\_\_\_

SERIAL#: \_\_\_\_\_

REASON FOR RETURN:

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**Please package the box appropriately so as not to damage any equipment during shipping. If the equipment has sustained damages that have not been previously reported to us, you may be found liable for the cost of repair or refurbishment.**

**SHIP TO:**

National Payment Processing  
Executive Office  
3247 W. March Lane Suite #220  
Stockton, CA 95219