

RGA NUMBER: _____
RETURN AUTHORIZATION NUMBER

DATE ISSUED: _____

ISSUED BY: _____



RETURN REQUEST FORM



DEALER INFORMATION

DEALER NAME: _____ DATE: _____

JOB NAME: _____ SERIAL NUMBER: _____
IF EQUIPPED

ORIGINAL INVOICE NUMBER: _____
VERY IMPORTANT

ESTIMATED DATE TO RETURN: _____

ITEM(s) TO BE RETURNED

ITEM NO.	DESCRIPTION	QTY:
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUESTING RETURN FOR

CREDIT REPLACEMENT REPAIR & RETURN

REASON FOR RETURN

(PLEASE INDICATE ALL KNOWN PROBLEMS OR SUSPECTED DEFECTS)

FOR INTERNAL USE ONLY

DATE REC'D: _____ REC'D BY: _____ REC'D VIA: _____

WARRANTY NON WARRANTY REPAIR & RETURN DISCARD

ISSUE CREDIT REPLACE RETURN AS IS _____ OTHER

BILLABLE ITEM: YES NO

CREDIT ISSUED: _____ DATE REPAIRED: _____

DATE RETURNED: _____ SHIPPED VIA: _____

AUTHORIZED BY: _____

DATE: _____