



THIS IS NOT A RETURN GOODS AUTHORIZATION  
DO NOT USE AS PACKING SLIP

RETURN GOODS REQUEST FORM

COMPANY NAME				YOUR NAME		PHONE NUMBER	
ADDRESS				CITY			
STATE		ZIP		CUSTOMER PO#		FAX NUMBER	
						CUSTOMER#	

RETURN CODE	REASON FOR MATERIAL BEING RETURNED
A	PARTS NOT WITHIN WARRANTY PERIOD - RETURNED FOR EXCHANGE (REPAIR & RETURN) *
B	PARTS NOT WITHIN WARRANTY - RETURNED FOR CORE CREDIT**
C	WARRANTY RETURN FOR CREDIT - MUST INCLUDE MFG WARRANTY PAPERWORK AND RGA**
D	WARRANTY RETURN FOR REPLACEMENT - MUST INCLUDE MFG WARRANTY PAPERWORK AND RGA
E	PARTS ORDERED IN ERROR - RESTOCKING AND RETURN FREIGHT APPLICABLE**
F	PART SHIPPED IN ERROR **
G	EXCESS PARTS STOCK RETURN - RESTOCKING CHARGE APPLICABLE **
H	OTHER - RESTOCKING CHARGE MAY APPLY**

This returned goods request form is no longer current as of 10-31-2021

\* R&R - REPLACEMENTS ARE PROCESSED IMMEDIATELY. CREDIT TO BE ISSUED UP RECEIPT OF EXCHANGE PART  
 \* NO RGA NEEDED FOR REPAIR & RETURN  
 \*\*ORIGINAL INVOICE MUST BE REQUIRED FOR CREDIT TO BE PROMPTLY CREDITED TO BE ASSURED  
 \*\*\*ALL WARRANTY REPLENISHMENTS MUST BE MADE WITH SERIAL NUMBER AND DATE CODES

LINE	RETURN CODE	QUANTITY SHIPPED	PART#	DESCRIPTION SERIAL NUMBER OR DATE CODES***	ORIGINAL INVOICE#
1					
2					
3					
4					
5					
6					

ADDITIONAL INFORMATION (I.E., CAUSE OF FAILURE, REPLACEMENT SERIAL #'S, ETC)

SEND MY REPLACEMENTS TO:

COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	

INSTRUCTIONS:

- A: FILL OUT ALL SECTIONS PERTAINING TO YOUR RETURN
- B: FAX OR EMAIL THIS FORM TO STEPHANIE CONNOLLY (SEE INFO BELOW)
- C: A NUMBERED RETURN GOODS AUTHORIZATION WILL BE FAXED OR EMAILED TO YOU