

Return Goods Authorization

Account Number:				Date: _	
Company Nan	ne:				
Shipping Addr	ress:				
City:			State:	Zip: _	
Contact:			Phone:	Fax: _	
Email:					
returns must l purchase, On o warranty prog	be prepaid, and defective merc ram, and shou	d will be subject to a handise, any in-warr	a 15% restocking charg ranty items will be hand e manufacturer. A copy	ge. Returns must be r dled in accordance wit	ne Expediter. Authorized nade within 60 days of th that manufacturers's se must accompany all
Part #	Quantity	Quantity Reason for Return			Reference Invoice
		Expe	diter Office Use On	ly	
RGA Issued By:	sued By: Date Issued:				
Notes:					_



