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RETURN GOODS AUTHORIZATION FORM

RETURN AUTHORIZATION NUMBER:

INSTRUCTIONS FOR RETURN:

DISTRUBUTOR INFORMATION

*DISTRIBUTOR:

 *ADDRESS:

 *CITY/STATE:

 *PHONE:

 *FAX:

UNIT INFORMATION

* MODEL NUMBER:

 * SERIAL NUMBER:

 ORIGINAL P.O. NUMBER:

CONTRACTOR INFORMATION

*CONTRACTOR:

 ADDRESS:

 *CITY/STATE:

 PHONE:

 FAX:

PART RETURNING:

* PART NUMBER:

 * PART NAME:

 * PART SERIAL NUMBER:

RETURNING PRODUCT INFORMATION:

* DESCRIPTION OF DEFECT:

 * DATE FAILED:

INASTALLATION INFORMATION

*NAME & INSTALLATION
 ADDRESS:

 *CITY/STATE:

 PHONE:

 *DATE INSTALLED:

REPLACEMENT UNIT OR PART:

MODEL NUMBER:

 SERIAL NUMBER:

NOTE: IS VERY IMPORTANT TO FILL OUT ALL THE INFO.

PLEASE NOTE: 20% RESTOCKING FEE APPLIES TO ALL NEW & UNUSED RETURNS.

