



RG A REQUEST FORM

RG A# _____

COMPANY NAME: _____ **DATE:** _____

ADDRESS OR ACCOUNT # _____

ORIGINAL PO# _____ **NEW PO#** _____

CONTACT NAME _____ **Phone #** _____

FAX# _____ **E-mail** _____

SHIP TO ADDRESS: _____ **Bill TO OR CREDIT ADDRESS:** _____

RETURN TYPE:

- Repair Advance Replacement Credit Stock Return (20% Restock Fee)

Quantity	XID Part #	Description	Unit Price

REASON FOR RETURN:

SPECIAL INSTRUCTIONS (If any):

*Items received that are not listed above will be **RETURNED TO SENDER.***