RGA/CREDIT REQUEST FORM

Date:	
PO Number:	
Contact Name:	Email Address:

CUSTOMER INFORMATION

Customer Name:	
Account Number:	
Invoice Number:	Date Ordered:

REASON FOR RETURN?

- Defective **(Pictures May Be Requested)**
- Damage **(Images Required)**
- Short Shipment
- Wrong Product Received
- Pricing
- Overstock
- Other:

REORDER?

YES NO DRIVERS

If YES, please provide address:

ORDER DETAILS

NO.	ITEM DESCRIPTION/ORDER CODE	QTY	PRICE		TOTAL
				SHIPPING:	
				TOTAL:	

BRIEF DESCRIPTION

NOTES

****PLEASE ATTACH ALL RELEVANT INFORMATION PERTAINING TO DEFECTIVE CLAIMS****

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