Return Goods Authorization

Account Number: _____ **Date:** _____

Company Name: _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact: _____ **Phone:** _____ **Fax:** _____

RETURNS

No *merchandise is to be returned without a Return Goods Authorization (RGA) number from The Expediter. Authorized returns must be prepaid, and will be subject to a* ***15% restocking charge****. Returns must be made within* ***60 days*** *of purchase, On defective merchandise, any in-warranty items will be handled in accordance with that manufacturers's warranty program, and should be returned to the manufacturer.* ***A copy of the original invoice must accompany all returns****. Returned goods are accepted in saleable condition only.*

For The Expediter Use

RGA # _____

Part #	Quantity	Description / Reason for Return	Reference Invoice

For The Expediter Office Use

RGA Issued By: _____

Date: _____

Notes: _____

_____

For The Expediter Credit Department Use

Total Parts Returned: _____

Return & Inspection

☐ Return Approved ☐ Return Pending ☐ Return Denied

Notes: _____

_____

Authorized By:

RETURN DEPARTMENT **Fax: 1-888-330-1888 / 561-844-3361**